

Name
in
Full

Katharine Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Sparsow Point	County	Baltimore	MARYLAND
Date of death	1980 Jan	Month	31	Day
Age	44	Years	—	Months
Sex	Female	Color or Race	white	Birth- place
Occupation	Housewife	Where Residing if not at place of death	Sparsow Point	
Married, Single or Widowed	Single	Name of Wife or Husband	Patrick Allen	Father's Name
Father's Name	Rev. Adam Schuyler	Father's Birthplace	Germany	
Mother's Maiden Name	Margaret Klingreist	Mother's Birthplace	Germany	
Name of person giving Information	Patrick Allen	How related to deceased	Husband.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Parturition

138

Immediate

Uremic poisoning

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

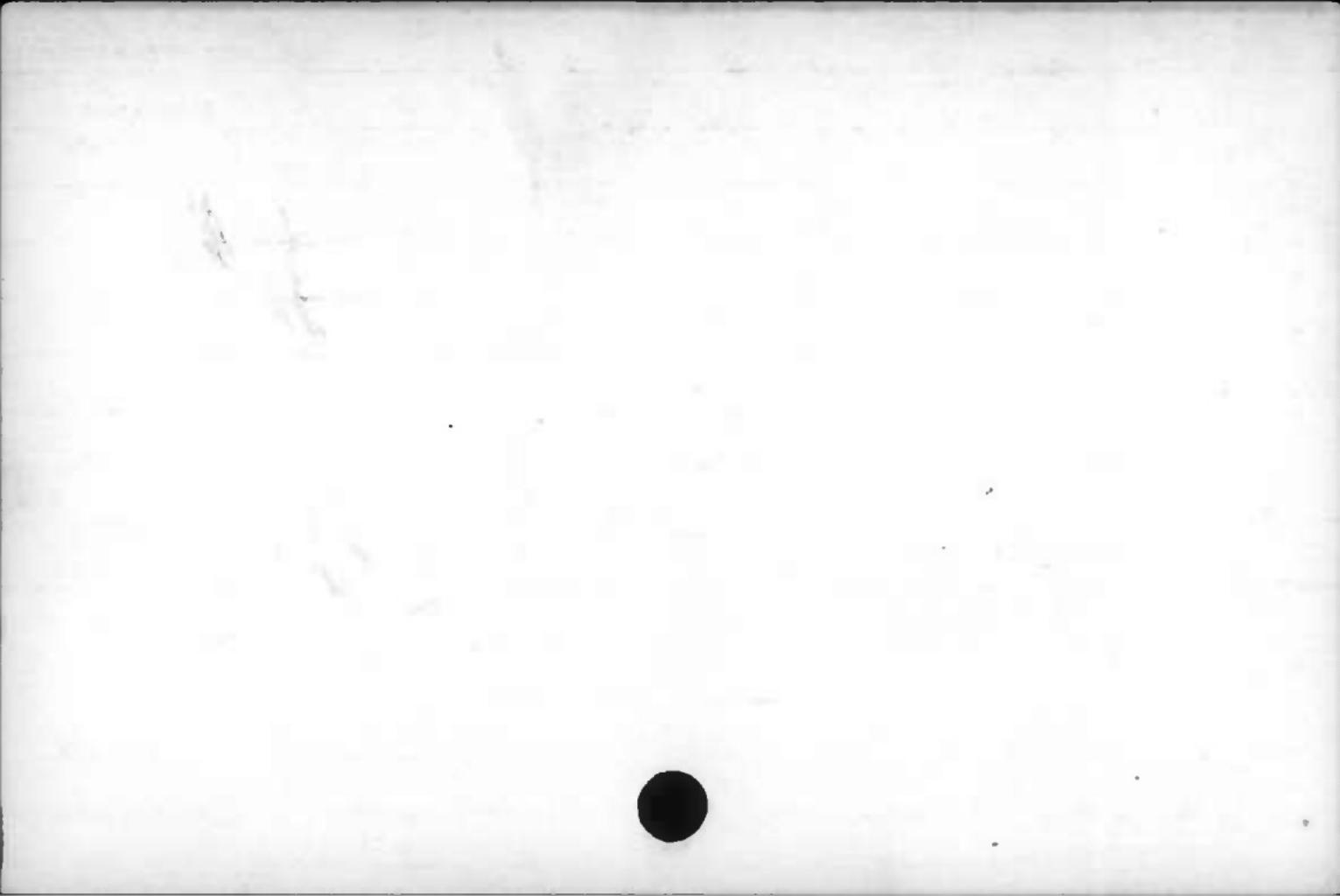
Signature of
Physician

Address

G. O. McCormick M.D.
Sparsow Point
Md. S

Accident or Suicide

no



Name
in
Full

Margie Larkins Argabright

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Roland Park	Baltimore			
Date of death	Month	Day	Years	Months	Days
1960	Jan	27	22	3	18
Sex	Male	Color or Race	White	Birth-place	Virginia - Roland Park Md.
Occupation	Chamfer	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Joseph F. Argabright		Father's Birthplace	Elkton, Virginia	
Mother's Maiden Name	Josephine Larkins		Mother's Birthplace	Virginia	
Name of person giving information	Floyd Argabright		How related to deceased	Brother	
CAUSES OF DEATH					
Primary	Pneumonia Lobar		How long	93	
Immediate	—		How long	5 days	

PHYSICIAN
OR CORONER



Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. Gibson Porter
Roland Park Md.

Address

Accident or Suicide?

No

St. Mary Hampden
Jan 29 - 1918

A.S. Marshall
35-39 Falls Road

Name
in
Full

Joseph Armstrong
Dickyville Balto

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

Date
of death 190

Month

Day

Years

MARYLAND

Months

Days

Age

10

Sex

Male

Color or
Race

White

Birth-
place

Balto Co

Occupation

None

Where Residing if not
at place of death

Dickyville

Married, Single
or Widowed

Singl

Name of Wife or
Husband

Father's
Name

Joseph Armstrong

Father's
Birthplace

Md

Mother's
Maiden Name

Rhoda Compton

Mother's
Birthplace

Md
Father.

Name of person giving
Information

Joseph Armstrong

How related
to deceased

Primary

CAUSES OF DEATH

Whooping Cough

⑧

How long

6 weeks

Immediate

Pneumonia

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

A.C. Smith

Address

West Laurel Park

PHYSICIAN
OR CORONER

Accident or Suicide

William Cook
502 E. North Ave
Funeral Saturday 2 PM

St Mary's Cem
Harapden
Jan 8th 1909.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

William George Athenson

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death

1910

January

20th

"

Age, 67

10

3

Sex

male

Color or
Race

white

Birth-
place

Baltimore

Occupation

Merchant

Where Residing if not
at place of death

Glyndon

Married, Single
or Widowed

married

Name of Wife or
Husband

Kate W. Athenson

Father's
Birthplace

England

Father's
Name

David Athenson

Mother's
Birthplace

Maryland

Mother's
Maiden Name

Araminta Waters

How related
to deceased

Son

Name of person giving
Information

George Athenson

44

How long

25 years

How long

4 weeks -

CAUSES OF DEATH

Primary

Epitheloma of face fist on nose

Immediate

Athensia & orphna

Are the name, age, sex, color, date
and place correctly given above?

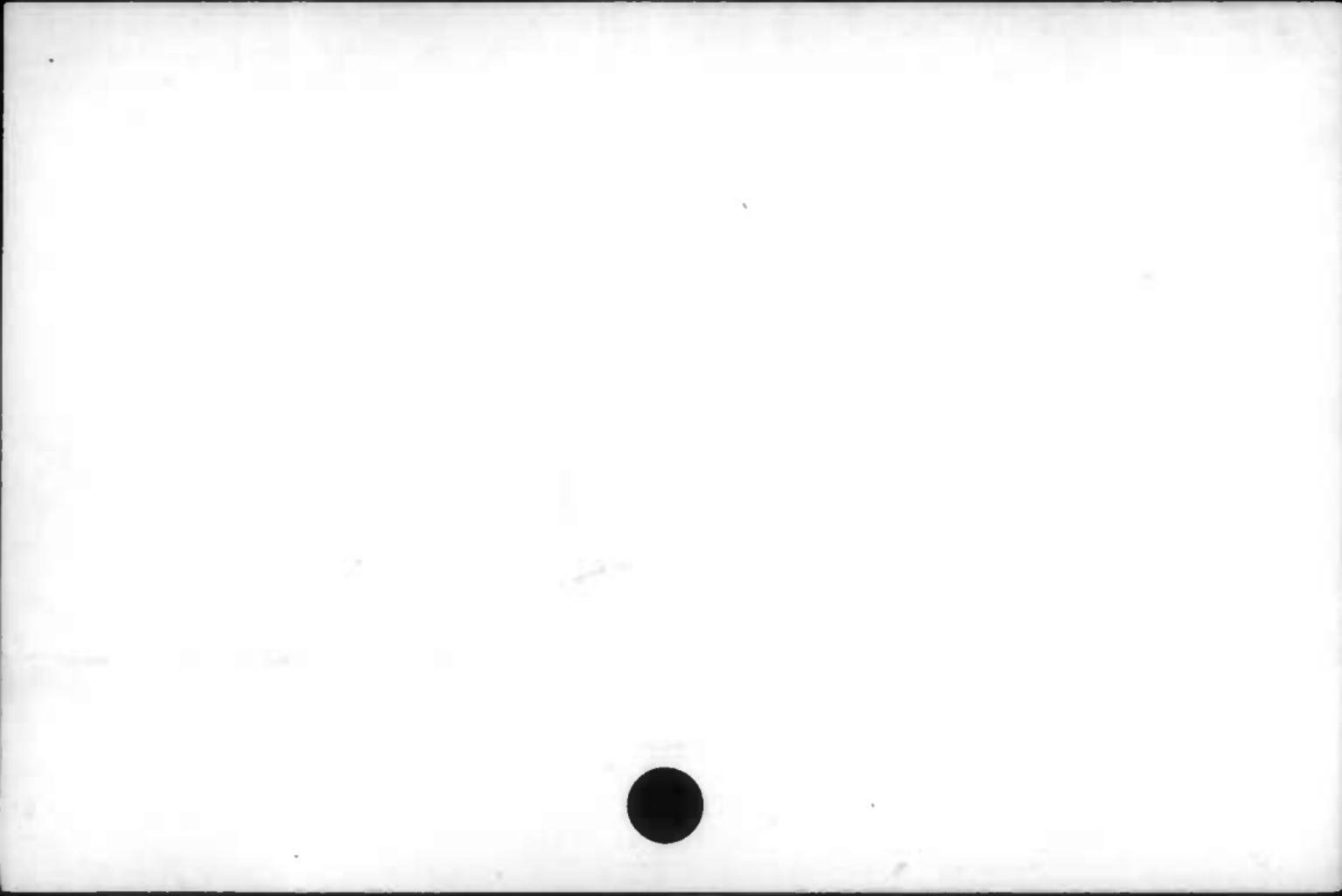
Yes

Signature of
Physician

Address

James Mellenet
108 E. North Ave,
Baltimore Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Mitchel, M. A. Ayers

Town

County

Died at Lutherville

Baltimore

MARYLAND

Date of death 1910	Month June	Day 20	Age	Years	Months	Days
--------------------	------------	--------	-----	-------	--------	------

Sex male	Color or Race	Eye color	Birth-place	MD
----------	---------------	-----------	-------------	----

Occupation Infant	Where Residing if not at place of death Lutherville
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Married, Single or Widowed Single	Name of Wife or Husband None
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Father's Name Henry Ayers	Father's Birthplace MD
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Mother's Maiden Name Annie Brown	Mother's Birthplace MD
----------------------------------	------------------------

Name of person giving information George Ayers	How related to deceased Father
--	--------------------------------

CAUSES OF DEATH

91

How long

Primary Broncho Pneumonia	6 days
---------------------------	--------

Immediate Cardiac Asthma	24 hrs
--------------------------	--------

PHYSICIAN
OR CORONER

I

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
--	------------------------

yes	Address
-----	---------

Accident or Suicide?	9
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~~McGlynn~~
McBion
Long Green

Name
in
Full

Ollie Parish Baer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Bella

Balto.

Date

of death

Month

1910 Jan.

Day

14

Years

18

Months

11

Days

5

Sex

Female

Color or
Race

White

Birth-
place

Virginia

Occupation

Weaver

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

John H. Baer

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary J. Henson

Mother's
Birthplace

Virginia

Name of person giving
Information

John H. Baer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Intestinal Tuberculosis

29

How long

one year

Immediate

Cardiac Asthma & Pulmonary Edema

How long

14 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Frank J. Miller M.D.
Elliott City Md.

Accident or Suicide



Name
in
Full

Walter Ball

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	Birth-place	Days		
Occupation	Name	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Anna Eliza Ball			
Father's Name	William Ball	Baltimore			
Mother's Maiden Name	Eliabeth Darsey	Elk Ridge			
Name of person giving Information	Elizabeth Boyce	Daughter			

CAUSES OF DEATH

120

How long

How long

Primary

Tubal Nephritis One year

Pulmonary Oedema 4 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

1

Yes

Address

D. M. Stutz, M.D.
Catawsville

Accident or Suicide

Stewart & Town Co.
Funeral Directors
215 Park Av
for Internment - in
Green Mount Cemetery
January 19th /10.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND



Doroy Worthy Barnet

Town

Hullville

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at	Hullville		Baltimore		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	1	17	Age	4	-	
Sex	Male	Color or Race	Colored	Birth-place	Baltimore Md	
Occupation	None	Where Residing if not at place of death		Hullville Md		
Married, Single or Widowed	Infant	Name of Wife or Husband				
Father's Name	John Worthy Barnet		Father's Birthplace		Md	
Mother's Maiden Name	Martha Milburn		Mother's Birthplace		Md	
Name of person giving Information	Mollie Tyler		How related to deceased		Aunt	

CAUSES OF DEATH

Primary

Infantile Convulsions

71

How long

an hour

Immediate

Infantile Convulsion

How long

one hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

August W. Miller, Coroner,
J. M. Williams

Accident or Suicide?

Baltimore Md 13

Julius Freedland
Montauk

Name
in
Full

Sonaisida S Barnes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Hamilton	Baltimore		
Date of death	Month	Day	Years
1950	1	23	88
Age	Months	Days	
Sex	Color or Race	3 lbs	0 Mds.
Female			
Occupation	Where Residing if not at place of death		
None	Hamilton 2 Mds.		
Married, Single or Widowed	Name of Wife or Husband	George D. Barnes	
Divorced			
Father's Name	Father's Birthplace		
Gullion Suffanyia	2 Mds.		
Mother's Maiden Name	Mother's Birthplace		
Frances Suffanyia	Md.		
Name of person giving Information	How related to deceased		
Mr. M. Harley	Grandson		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Several Debility		93
Immediate	Pneumonia + Exhaustion		154
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	How long
		b6 E. Vogler b6	several years
		Address	several days
		Hamilton and Harford Rd	
		Hamilton	
Accident or Suicide?			

Baltimore Cemetery

Albert E. Fuller
Funeral Director

Name
in
Full

Wilson Edgeworth Bird.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Roland Park	Baltimore				
Date of death	Month	Day	Years	Months	Days
1910 Jan	19	Age	59	11	19
Sax	Male	Color or Race	White	Birth-place	Hancock Co. Ga.
Occupation	Retired Merchant				
Married, Single or Widowed	Married	Name of Wife or Husband	Imogen Reid Bird		
Father's Name	Wm Edgeworth Bird				
Mother's Maiden Name	Sarah C. Baxter				
Name of person giving Information	Harry Fielding Reid				

CAUSES OF DEATH

99

Primary

Lobar Pneumonia

How long

5 days -

Immediate

Cardiac failure

How long

-

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Thomas W. Bird

Address

19 w Broad St

PHYSICIAN
OR CORONER

Accident or Suicide

No.

Place of burial Greenmount Cemetery

Henry W. Jenkins & Sons Co.

McGullot Orchard St.
Baltimore Md.

Name
in
Full

Albert G. Bousall.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	9	17	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Same			
Father's Name	Joseph Bousall				
Mother's Maiden Name	Ellen Ba Tiowry				
Name of person giving information	Harvey S. Auerbach				

CAUSES OF DEATH

120

Primary

Bright's disease

Some months

Immediate

Warfarin Poisoning

48 hours -

Are the name, age, sex, color, date and place correctly given above?

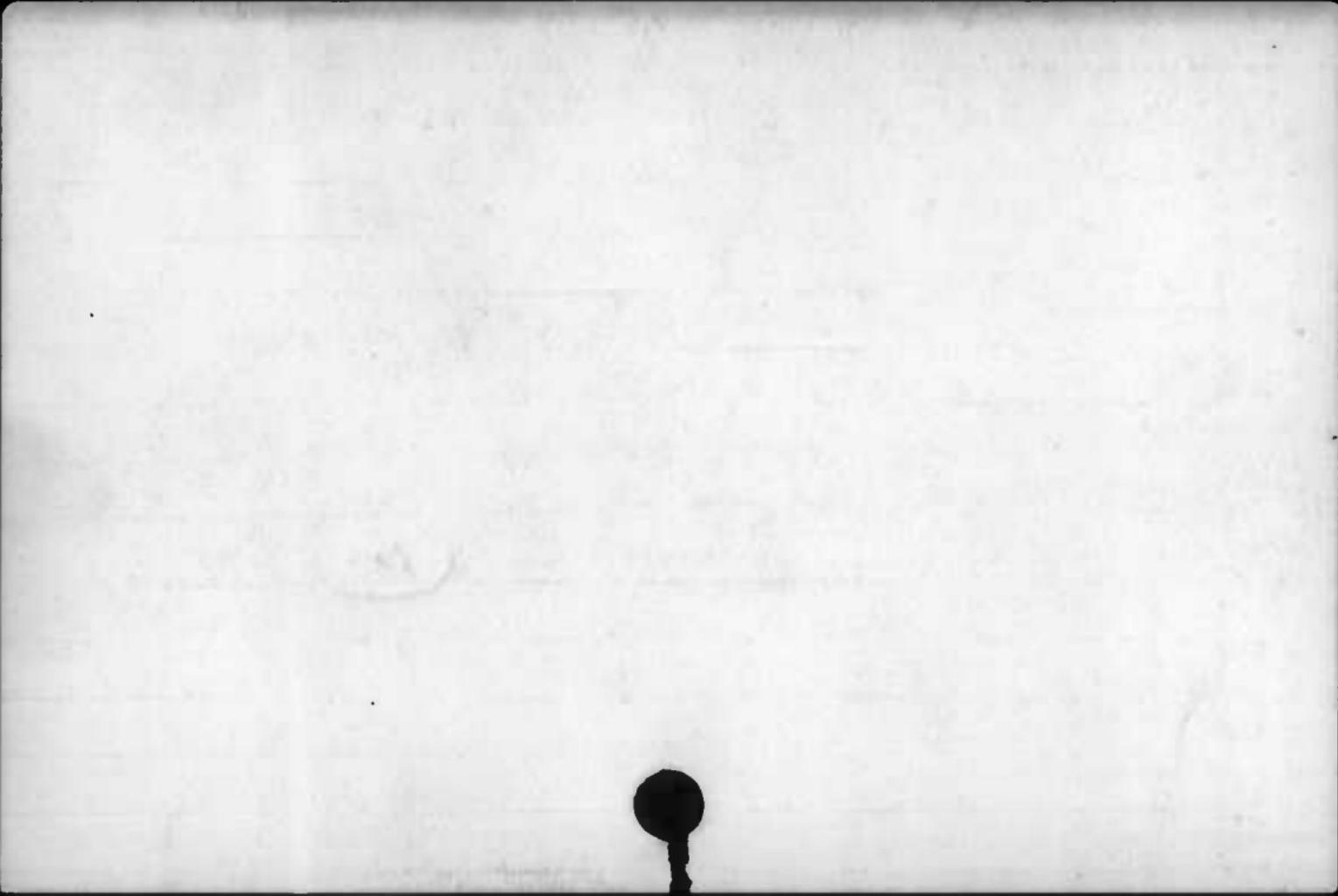
Signature of Physician

S. F. H. Gorsuch

Address

Foxe Md 11

Accident or Suicide?



Name
in
Full

Leopold Bopp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Lansdowne	Baltimore				
Date of death	1910	Month 1	Day 4	Years 49	Months 2	Days -
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Retired Baker		Where Residing if not at place of death	Lansdowne		
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Bopp	Father's Birthplace	Germany	
Father's Name	Unknown			Mother's Birthplace	Germany	
Mother's Maiden Name	Elizabeth Wistberg			How related to deceased	Son-in-law	
Name of person giving information	Patrick J. O'Brien					

CAUSES OF DEATH

Primary

Struck by train on Brook.

Immediate

Concussion of brain

tob

How long

175

How long

Immediately

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

August W. Miller, M.D.
Mr. William
Baltimore, Md.

13

1

Accident or Suicide Accident

PHOTOGRAPH
CORONER

E. Harle-

Holy Redeemer
Cemetery,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER

Henry Louis Bowen

CERTIFICATE OF DEATH

MARYLAND

Died at Towson

County Baltimore

Date of death 1970

Month Jan

Day 23

Years 79

Months 2

Days 12

Sex male

Color or Race White

Birth-place Towson

Occupation

Fire Insurance & Real Estate

Where Residing if not at place of death

Towson

Married, Single or Widowed

Widower

Name of Wife or Husband

Mary A Bowen

Father's Name

John Bowen

Father's Birthplace

MD

Mother's Maiden Name

Lorilla Althier

Mother's Birthplace

MD

Name of person giving Information

Henry L Keagy

How related to deceased

Son-in-Law

Primary

CAUSES OF DEATH
Physical & Mental decay

67

How long 26 years

Immediate

Paralysis

How long

Shunday

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

I.H.S. Garrett
Towson



Accident or Suicide

John Burns Sons
Tobacco

Independent
Prospect Hill

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Anna G. Brundel					CERTIFICATE OF DEATH	
Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1940	Jan.	31	86	6	-	
Sex	Color or Race	Birth-place				
Female	white	Germany.				
Occupation	Where Residing if not at place of death					
House	O'Donnell & St. S					
Married, Single or Widowed	Name of Wife or Husband					
Widow						
Father's Name	George Lambrecht					
Mother's Maiden Name	Anna Brundel					
Name of person giving Information	Mrs. Henry Becker					

CAUSES OF DEATH

154

PHYSICIAN
CORONER



Primary

Senility

How long?

Failure six months

Immediate

Exhaustion

How long?

3 months

Are the name, age, sex, color, date and place correctly given above?

✓/20

Signature of Physician

David W. Lowe

Address

3116 O'Donnell St.

Accident or Suicide?

McCloskey

A. Gardner Sons.
Art Camera Galleries
(Feb. 3rd 1910)

Name
in
Full

Albert J Brooks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Pikesville	Baltimore		Months	Days	
Date of death	Month	Day	Years	Age	
1910	1	14	68	68	
Sex	Color or Race	Birth-place			
Male	White	Md.			
Occupation	Where Residing if not at place of death				
Former	Pikesville				
Married, Single or Widowed	Name of Wife or Husband	Elizabeth Brooks			
Married	Elizabeth Brooks				
Father's Name	Do not know				
Mother's Maiden Name	Do not know				
Name of person giving Information	Albert J. Brooks, da				

CAUSES OF DEATH

113

Primary

Hypertrophic hepatitis

How long?

don't know

Immediate

"

"

How long

"

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

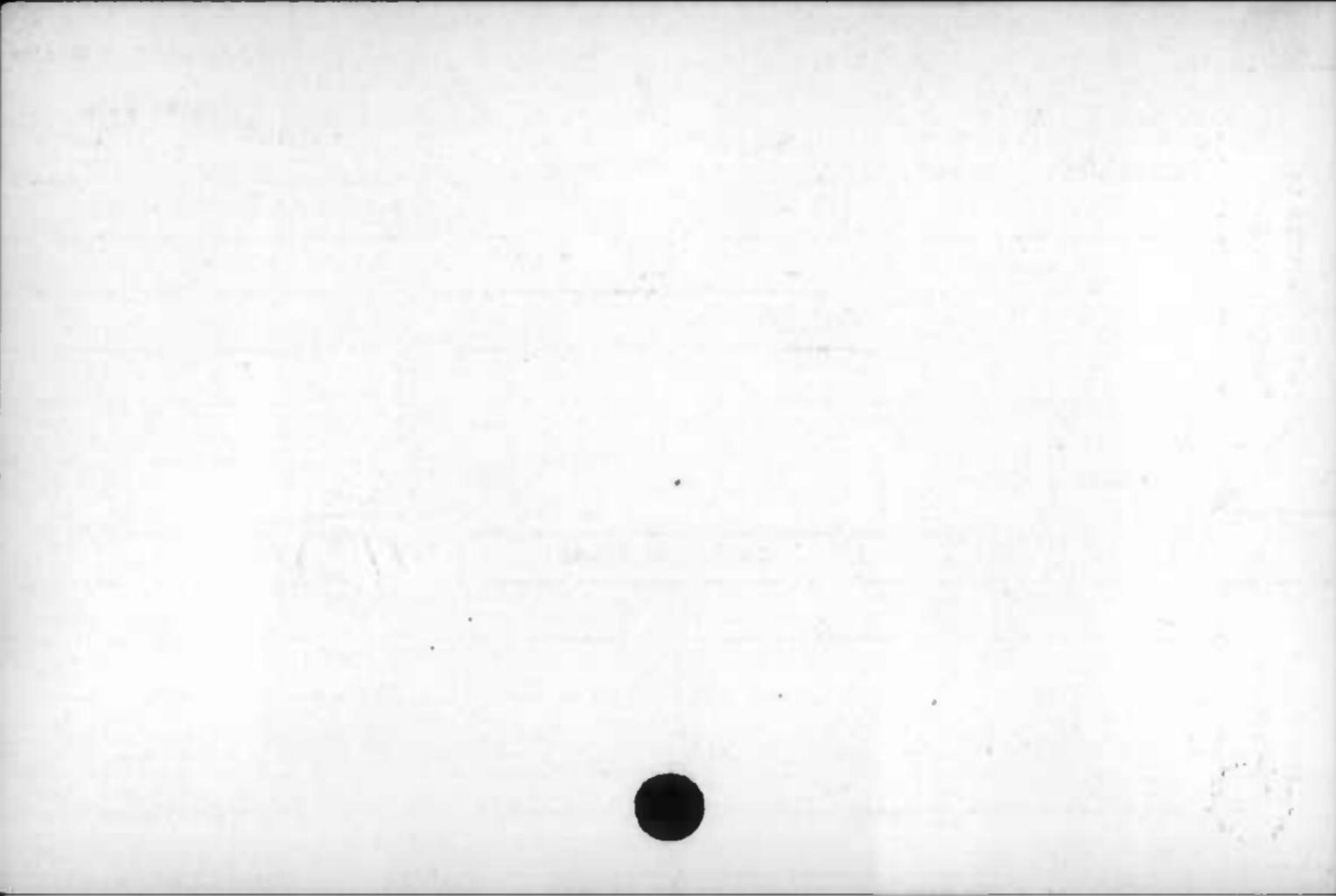
yes

Signature of Physician

Address

W. O. Morris
Pikesville Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary R Bursley

CERTIFICATE OF DEATH

Died at

Town

County

Texas

Baldo-

MARYLAND

Date
of death

Month

Years

Months

Days

1960

Jan

20

76

11

Sex

female

Color or
Race

white

Birth-
place

Texas MD

Occupation

wife

Where Residing if not
at place of death

Texas

Married, Single
or Widowed

widow

Name of Wife or
Husband

Dlement C. Bursley

Father's
Birthplace

Baldo, Co

Father's
Name

Elmo Dyer Corkley

Mother's
Birthplace

Baldo Co

Mother's
Maiden Name

Sallie Lux

How related
to deceased

Son

Name of person giving
Information

B.F. Bursley

CAUSES OF DEATH

Primary

Fatty Degeneration of Heart

How long

about one yr.

Immediate

Pneumonia.

How long

14 days.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

B.F. Bursley

Address

Texas MD.

Accident or Suicide?

Place of burial, St. Joseph's Cemetery,

Texas, Balto., Co., Md.

Undertakers, Henry W. Mears & Son, Baltimore.

Name
in
Full

Elizabeth Burton.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1901 January 24.		Day	Years
Sex Female	Color or Race	Age 78.	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife & Husband	Cub Hill	
Father's Name	Benjamin Fowler		
Mother's Maiden Name	Gordelia Burton.		
Name of person giving Information	Cordelia Simms		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

Immediate

Heart Failure.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

H. J. Harrison.

Loch Raven.



Accident or Suicide

103

How long

About 24 hours.

How long

14

Whangke Chapel

Name
in
Full

Dorothy E. Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Oread Ave. Semmore Park	Balto.				
Date of death	1910	Month Jan	Day 2	Age -	Months 8	Days 15
Sex	Female	Color or Race	White	Birth-place	Baltimore City	
Occupation	Where Residing if not at place of death					
Marr'd, Single or Widowed	Name of Wife or Husband					
Father's Name	O. W. Butler					Father's Birthplace
Mother's Maiden Name	annie Butler					Mother's Birthplace
Name of person giving Information						How related to deceased

CAUSES OF DEATH

(28)

(30)

How long

How long

PHYSICIAN
OR CORONER

Primary

Tuberculous Meningitis

Immediate

General Paralysis

Are the name, age, sex, color, date and place correctly given above?

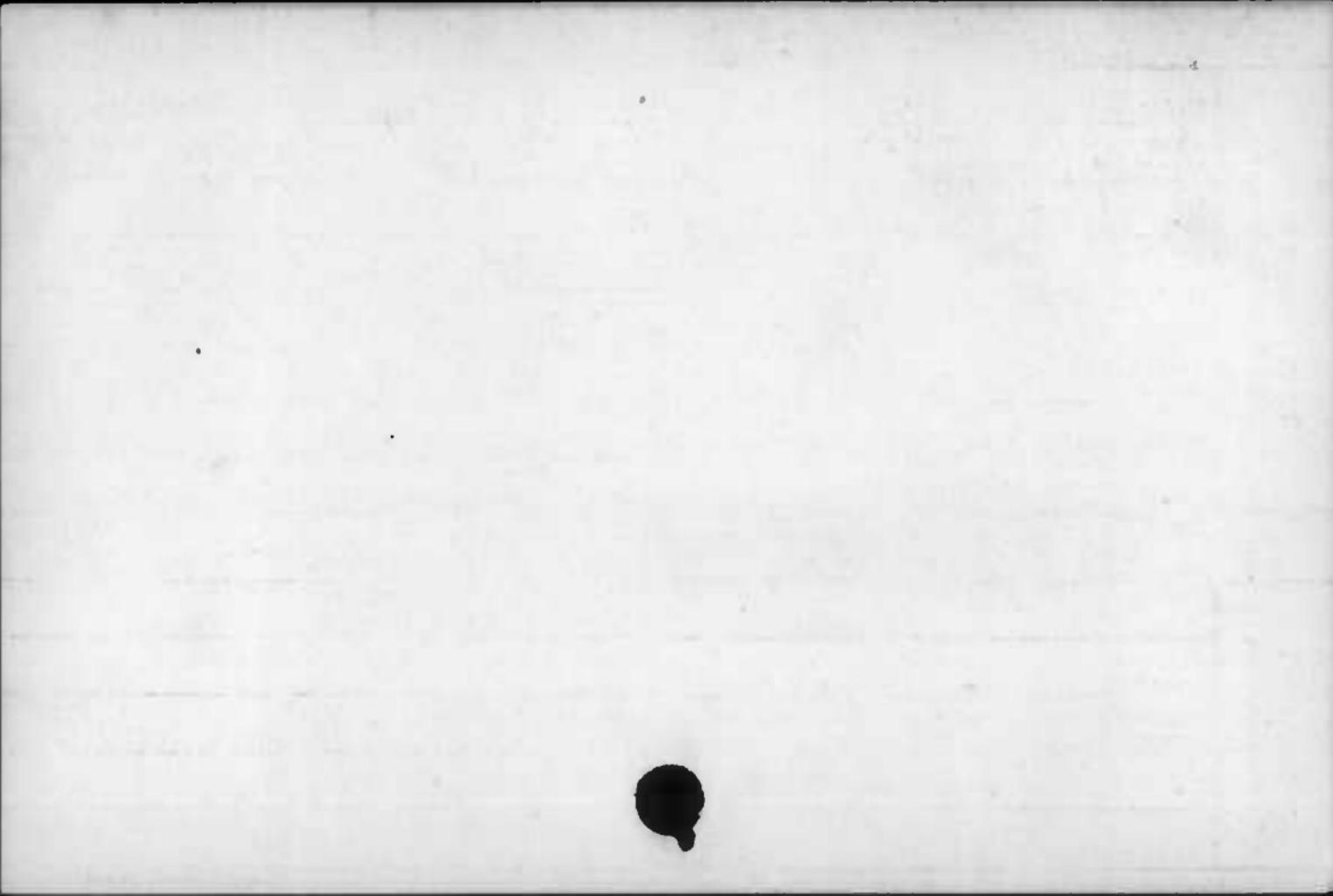
yes

Signature of Physician

Address

Wesley Cole
2222 Gabriiou Ave

Accident or Suicide?



Name
in
Full

Harris L. Cabbett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County	MARYLAND				
Catoonsville	Baltimore					
Date of death 1960	Month Jan	Day 8	Age 49	Years	Months 1	Days 15
Sex F	Color or Race	White	Birth- place Pa			
Occupation None	Where Residing if not et place of death Fairmont W Va					
Married, Single or Widowed	Name of Wife or Husband Not known to me					
Father's Name	Not known to me	Father's Birthplace Va				
Mother's Maiden Name	Not known to me	Mother's Birthplace Va				
Name of person giving Information	Taken from his long card			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary Brain Tumor.	74
Immediate Exhaustion from Disease	How long Unknown 24 hours
Are the name, age, sex, color, date and place correctly given above ? Yes	Signature of Physician Address
Accident or Suicide No	Aches J. Gandy MD Catoonsville Md

E Madam Etchell.

Farmout W Va

Name
in
Full

James Cappisir

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Catonsville	Balto				
Date of death	Month	Day	Years	Months	Days
1960	Jan	31	50	3	20
Sex	Color or Race	Birth-place			
Male	White	New Orleans			
Occupation	Where Residing if not at place of death				
Sabor	Catonsville				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Married	Janette Cappisir		Spann		
Father's Name	John Cappisir		Mother's Birthplace		
Mother's Maiden Name	Mary Lyons		Ireland		
Name of person giving Information	Janette Cappisir		How related to deceased		
			Wife		

CAUSES OF DEATH

(69)

Primary

Epilepsy.

How long

15 yrs.

Immediate

Mental Regress & Neglect.

How long

6 mos

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Marshall B. West.
Catonsville.

PHYSICIAN
CORONER



Accident or Suicide

Eastern Iowa
Bonnie Brae.

Name
in
Full

Thomas J Cavanaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Diad et Mt Hope Reptan	Baltimore				
Date of death 1910 Jan	Month	Day	Years	Months	Days
1910		15	11	Age 34	
Sax male	Color or Raca	White	Birth-place	Baltimore	
Occupation Restaurant Keeper	Where Residing if not at place of death Baltimore				
Married, Single or Widowed Married	Name of Wife or Husband	not Known	Father's Name	not Known	
Mother's Maiden Name 11		11	Mother's Name	11	" "
Name of person giving information Recd Mt Hope Reptan	How related to deceased	not at all			

CAUSES OF DEATH

Primary Ch. Albuvernia
Immediate Ex. Cardiac Albuvernia

120

X

How long

over 1 year

How long

abs 1 week -

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

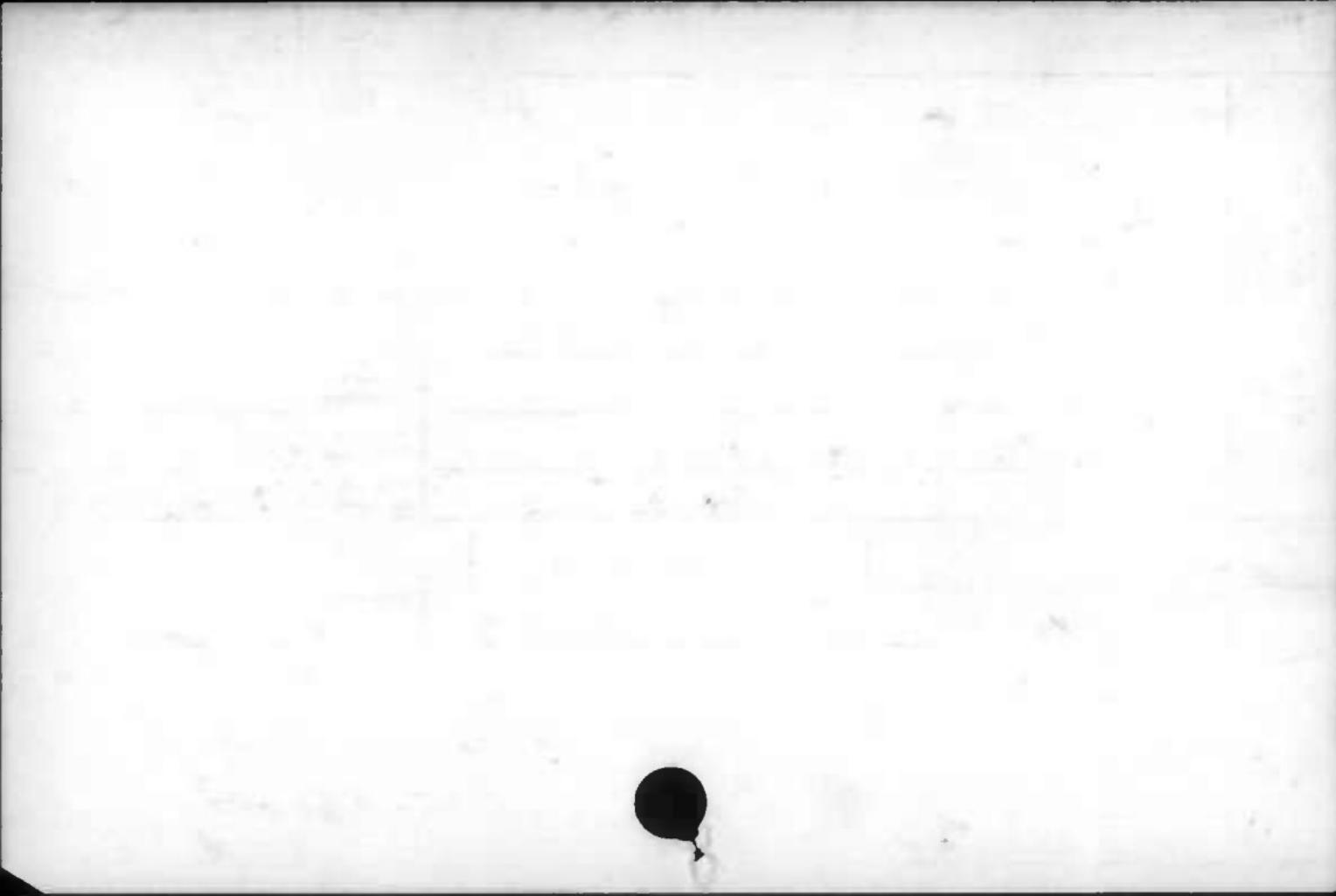
Frank J Flannery

Mt Hope Reptan
Mt Hope Md.

PHYSICIAN
CORONER



Accident or Suicide



Name
in
Full

Henry Charns

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Texas		Baltimore				
Date of death	Month	Day	about	Years	Months	Days
1900	1	13	69			
Sex	Male	Color or Race	Coloured		Birth-place	Md.
Occupation	Farm Labourer		Where Residing if not at place of death		Baltimore Co., Maryland	
Married, Single or Widowed	Married	Name of Wife or Husband	Unknown		Father's Birthplace	Unknown
Father's Name	Unknown				Mother's Birthplace	Ind.
Mother's Maiden Name	Mary Charns				How related to deceased	Daughter
Name of person giving information	House Register					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Endocarditis		79	X
Immediate	Coma		How long	3 months
Are the name, age, sex, color, date and place correctly given above ?		Yes	How long	12 hours
Accident or Suicide	No		Signature of Physician	Wilmer C Evans M.D.
			Address	Cockeysville Md.

To be buried at Bath Co.
Almshouse Jan 14th -

by W. C. Brooks.

Philopolis. Md.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Beulah Chisholm

Town

Died at Towson

County

Balto.

Date

of death 190

Month

Jan

Day

23

Years

28

Months

11

Days

23

Sex Female
Occupation

Color or
Race

white

Birth-
place

Balto. Co

Housewife

Where Residing if not
at place of death

Towson

Married, Single
or Widowed

Married

Name of Wife or
Husband

Wm. Elmer Chisholm

Father's
Name

Towson, Fanny Barton

Father's
Birthplace

not known

Mother's
Maiden Name

Melia McCubbing

Mother's
Birthplace

not known

Name of person giving
Information

Wm. Elmer Chisholm

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion from protracted tuberculosis

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

H. J. Jarrett
Towson

Med

9

Accident or Suicide

no

PHYSICIAN
OR CORONER



John Burns Sons
Towers

Instrument in
Prospect Hill

Name
in
Full

Morris Comen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Died at
Canton

Town

County

MARYLAND

Date
of death 1910 Jan

Month

Day

Year

Balto.

Months

Days

30th Age —

Sex Male

Color or
Race

White

Birth-
place

Balto. Md.

Occupation

None

Where Residing
at place of death

3234 Trait Ave.

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John W. Comen

Father's
Birthplace

Balto. Md.

Mother's
Maiden Name

Mary Spencer

Mother's
Birthplace

Name of person giving
Information

John W. Comen

How related
to deceased

Father

Primary

CAUSES OF DEATH

151

How long

4 weeks

Immediate

Congenital Debility
as Thenia

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

M. J. McAny, M.D.
839 S. Calvert St.

Accident or Suicide

12

Silly ~~as~~ Jilv.

Sacred Heart. am.

Jan. 31 ~~29~~ 1910

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PY
HI
SICIAN
OR
CORONER

Mary R. Burns

CERTIFICATE OF DEATH

MARYLAND

Days

Died at

Town

County

Parkville

Baltimore

Date of death

Month

Day

Years

Months

Days

1900 Jan

27

Age

71

Sex

Female

Color or Race

White

Birth-place

Isrd

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

William Burns

Father's Name

Lord W. Mitchell

Father's Birthplace

Isrd

Mother's Maiden Name

Elizabeth Parlett

Mother's Birthplace

Isrd / Sister

Name of person giving
Information

Elizabeth Joy ble

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Paralysis
Disease

66

How long

8 mos

Immediate

Yes

How long

2 mos

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

George A. Long, M.D.
Hamilton, Md.

Accident or Suicide

No

Robt G Turner

Baltimore Cemetery
Jan 30/10

Name
in
Full

Lillian May Box

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Ballo-				
Date of death 1930	Month 1	Day 20	Age 0	Months 0	Days 29
Sex Female	Color or Race	White			Birth-place near Sykesville
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wilson, M. Box			Father's Birthplace	Trenton Ind
Mother's Maiden Name	Lillian May Thompson			Mother's Birthplace	Ewing Ind
Name of person giving Information	Wilson K. Box			How related to deceased	Father

CAUSES OF DEATH

P H Y S I C I A N
C O R O N E R

Primary

Quinsy

Immediate

Prostration Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

151

How long

4 weeks

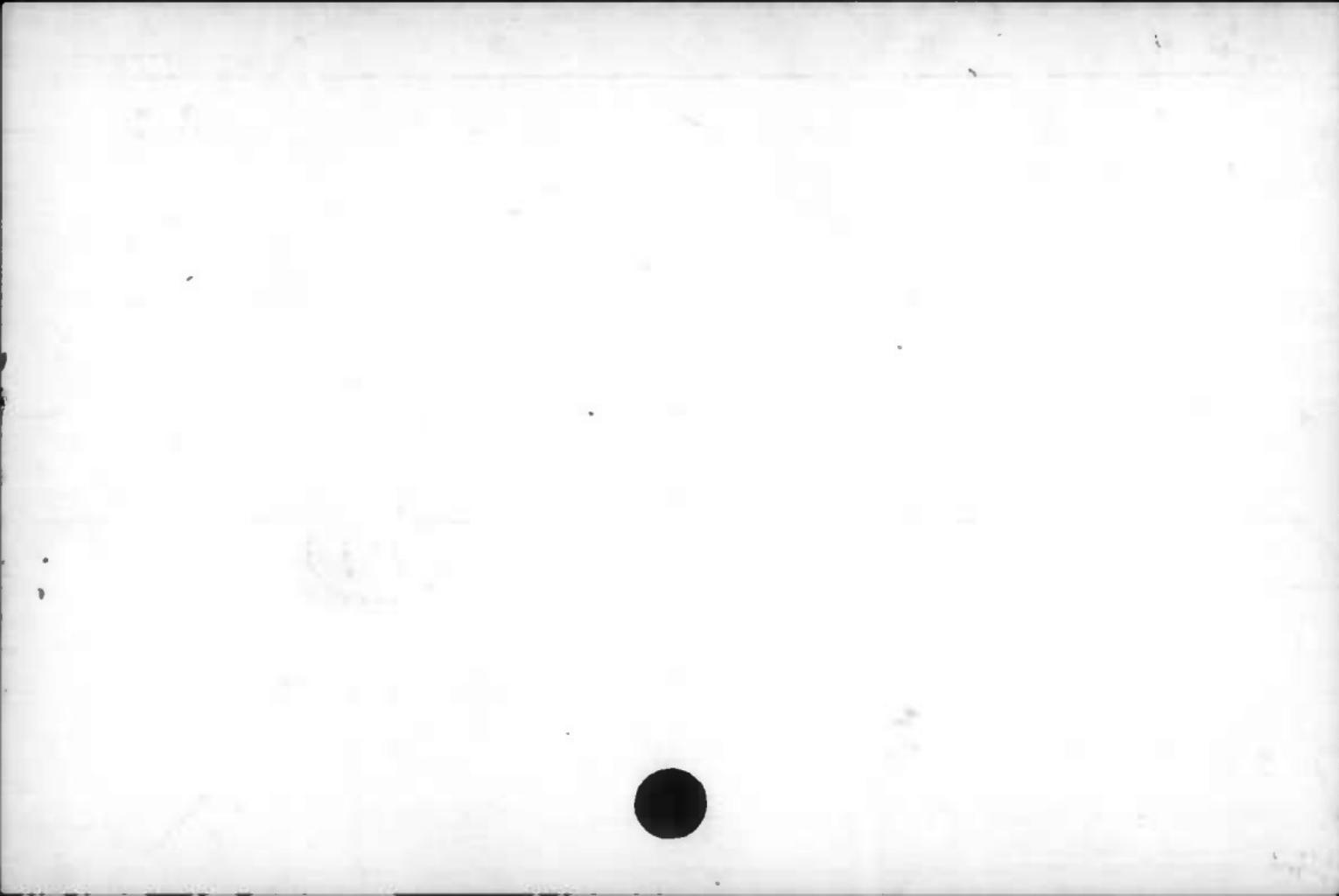
How long

2 or 3 days

Dr. D. W. Beach

Hampstead Ind

Accident or Suicide



Name
in
Full

Mrs. Eleanor Crapster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1900	Month Jan.	Day 23	Years 77	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Md.		
Occupation	None	Where Residing if not at place of death			Arlington Md.		
Married, Single or Widowed	Widow	Name of Wife or Husband	Thaddeus Crapster			Dan	
Father's Name	Dr. H. G. Grimes	Father's Birthplace	Md.				
Mother's Maiden Name	Leansadel Watkins	Mother's Birthplace	"				
Name of person giving information	Mrs. Adile Moosehead	How related to deceased	Sister				

CAUSES OF DEATH

120

How long

1 yr +

How long

2 day

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis; Nitral Insufficiency

Immediate

Pulmonary Oedema

Are the name, age, sex, color, date and place correctly given above?

306

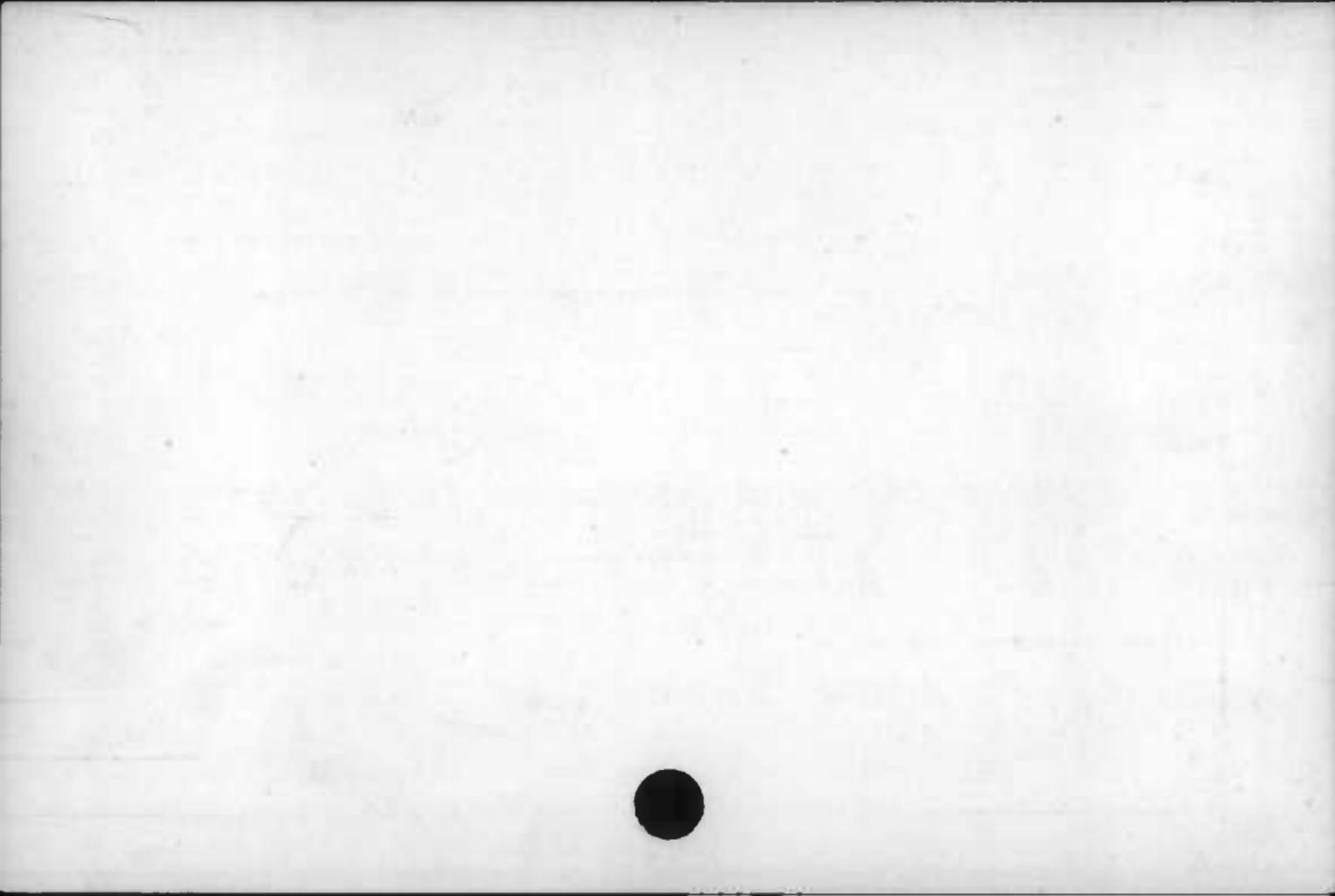
Signature of Physician

Address

Allen Graham '210
St Agnes Hospital

1

Accident or Suicide?



Name
in
Full

Agnes Cravens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Mount Hope Rehman	Baltimore		
Date of death 1910	Month Jan	Day 9 th	Years Age abt 70
Sex Female	Color or Race	Wife	Months not known workmen
Occupation none	Where Residing if not at place of death		
Married, Single or Widowed Widow	Name of Wife or Husband	not Known	
Father's Name	not Known		
Mother's Maiden Name "	"	Father's Birthplace	not Known
Name of person giving Information	Reeds Mt Hope		
How related to deceased			
not at all			

CAUSES OF DEATH

Primary

Melancholia Chronic

Immediate

Dr. Ben. Paralysis - abt 1 year

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Frank J. Lawrence

Address

Mount Hope Rehman
Mt. Hope Md.

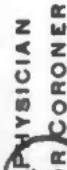
68

How long

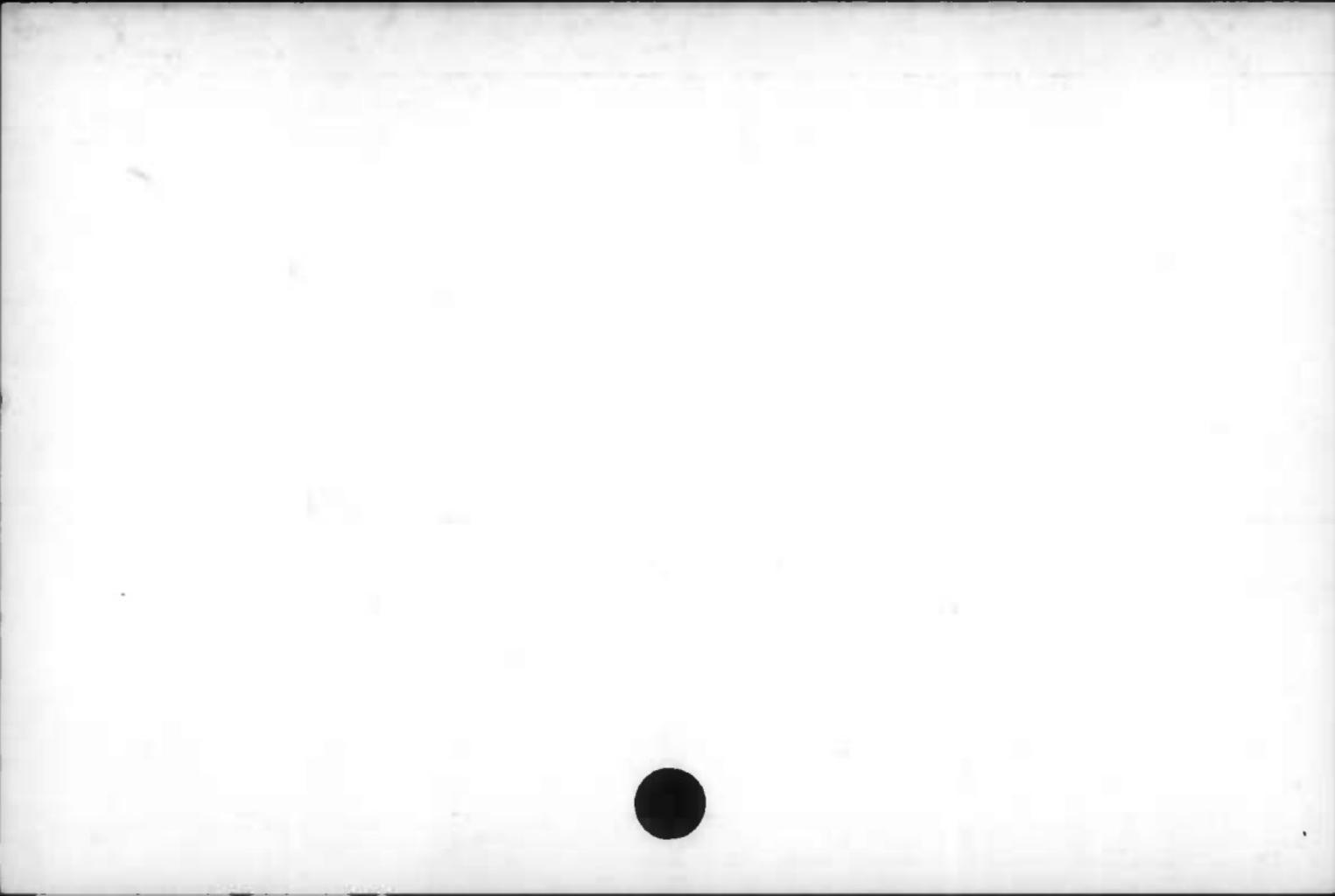
over 8 yrs

How long

about 1 year



Accident or Suicide



Name
in
Full

James Croney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

1910 Jan. 26 85 Maryland

Male White

Nope

Single

Ernest Croney Maryland

Ella Vain Maryland

Ernest Croney Father

CAUSES OF DEATH

151

Primary
Premature birth.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wright Sudler M.D. Coroner

Address

3326 C. Balt. St.

Accident or Suicide?

I, A CORONER

12

3705 Bank St

Rivertown
David St.
G. J. Van der Linde

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

10

John T. Curley

CERTIFICATE OF DEATH

MARYLAND

Town St. Agnes Hospital Baltimore County

Date Died at Month Jan. Day 2 Years 70 Months Days
of death 1940

Sex Male Color or Race White Birth-place Md.

Occupation

Where Residing if not
at place of death

St. Agnes Hospital

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Henry Reoach Curley

Father's
Birthplace

Baltimore Ma

Mother's
Maiden Name

Margt. Ambrosia Tog

Mother's
Birthplace

Hanford Co. Md.

Name of person giving
Information

Barbara C. Tolney

How related
to deceased

Sister

CAUSES OF DEATH

79

How long

3 yrs

Primary

Asthma

How long

4 days

Immediate

Myocarditis

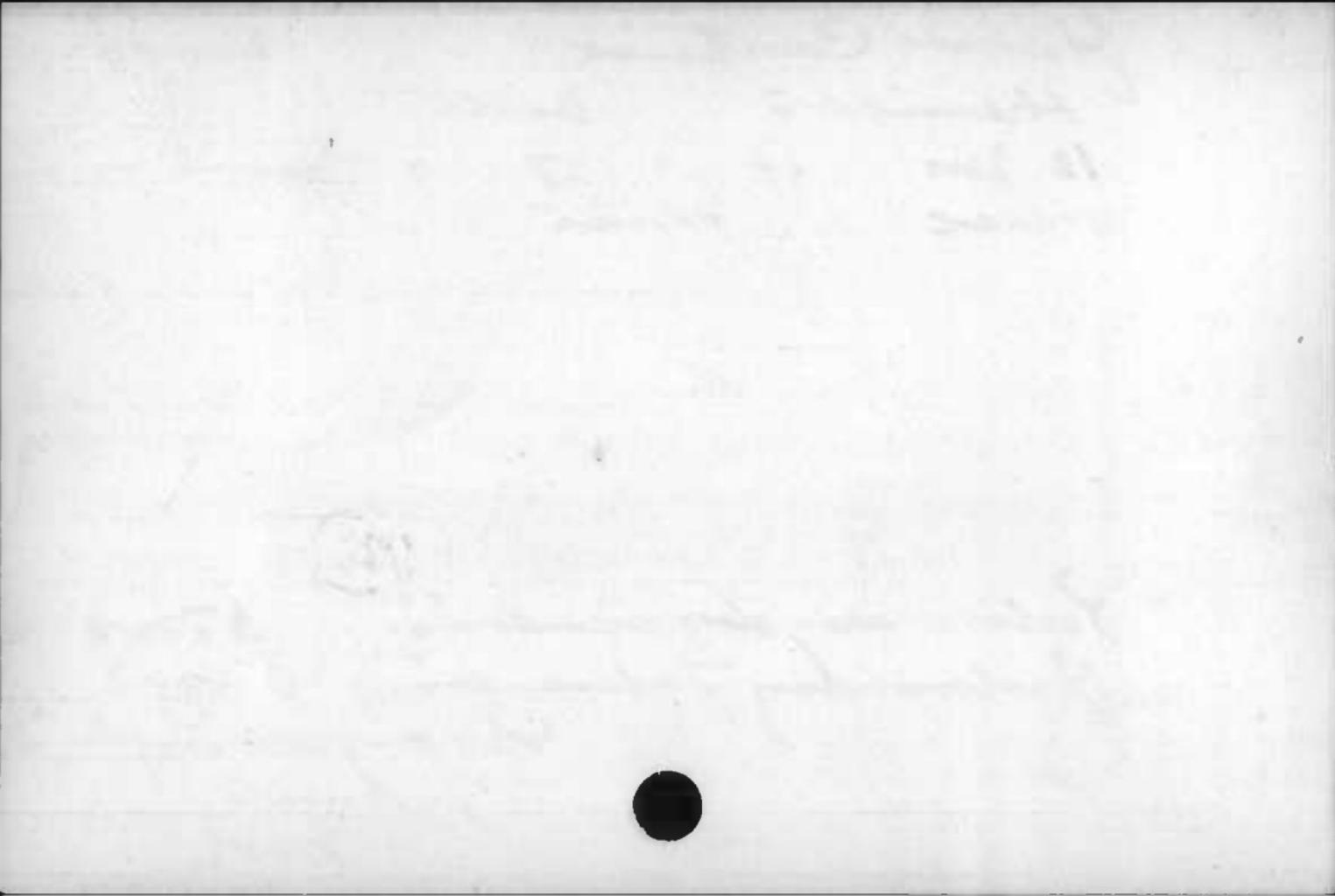
Fredy Crolek
St. Agnes Hospital

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

James Captain

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	57	none	none
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hamilton			
Father's Name	Eunice V. Captain				
Mother's Maiden Name	Balt				
Name of person giving information	wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long
Immediate	Pulmonary Tuberculosis		5 mos
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	George Long, M.D.
		Address	1 Hamilton
1	Accident or Suicide?	178	W.M.

London Park.

Robt Turner
~~undated~~

B.Way editor

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

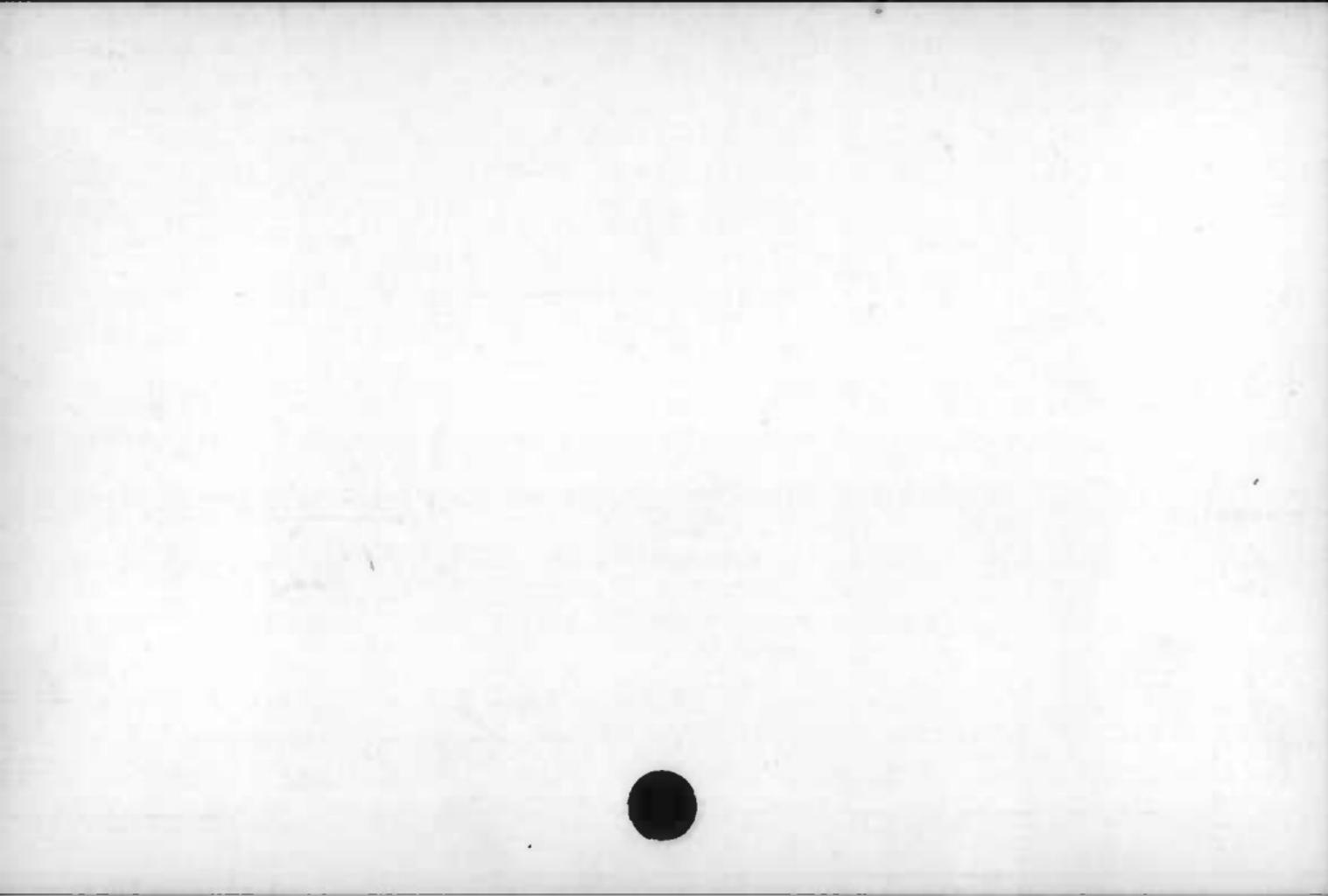
PHYSICIAN
OR CORONER

7

Julia Halsaudor					CERTIFICATE OF DEATH		
Town		County			MARYLAND		
Died at	St Agnes Hospital Baltimore						
Date of death	1900	Month Jan.	Day 3	Years 26	Months	Days	—
Sex	Female	Color or Race	white		Birth-place	Baltimore	
Occupation	Housewife		Where Residing if not at place of death		8 Mc Larish St.		
Married, Single or Widowed	Mariide	Name of Wife or Husband	William Halsaudor		Father's Birthplace	Chesapeake	
Father's Name	Philip Paleuber				Mother's Birthplace	Waltz	
Mother's Maiden Name	Mary Pademanns				How related to deceased	Brother.	
Name of person giving information	Joe Dennis				99	How long	
CAUSES OF DEATH							
Primary	Pneumonia				3 weeks		
Immediate	Cerebral Hemorrhage				3 days		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Fred J. Cronk		
			Address		St Agnes Hospital		
Accident or Suicide?							

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide? Yes No



Name
in
Full

Julia Wals sandor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at St. Agnes Hospital	Baltimore	Month	Year	Days
Date of death 1900	March	Day	Age	Months
Sex Female	Color or Race white	Birth-place Baltimore	b	Days
Occupation Clerks	Where Residing if not at place of death 8 Mc Lanish St.			
Married, Single or Widowed —	Name of Wife or Husband —	Father's Name Wm Wals sandor	Father's Birthplace Chicago	Mother's Birthplace Shady Shady
Mother's Maiden Name Julia Blinnis	Name of person giving information Wm Wals sandor	Mother's Maiden Name	How related to deceased Father	How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Premature birth

151

How long

Immediate Osteitis

How long

Are the name, age, sex, color, date and place correctly given above?

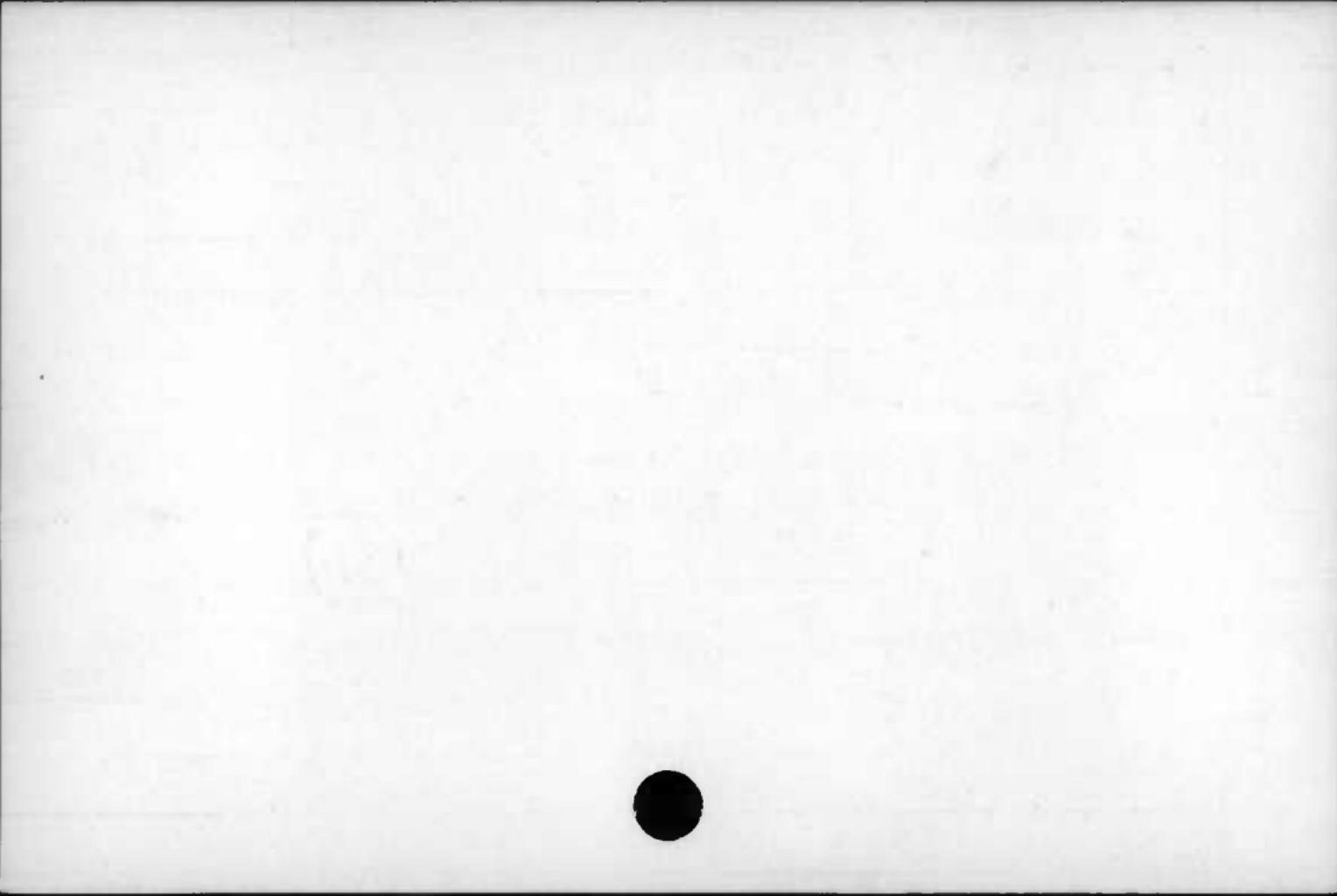
Signature of Physician

Address

Yes no

Fredy Cook
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

John B. Saywalt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hamilton</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>190</u> Jan.	Month <u>14</u>	Day	Years <u>64</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore City</u>			
Occupation <u>Marine Engineer</u>		Where Residing if not at place of death <u>at home.</u>			
Married, Single or Widowed <u>Mained.</u>	Name of Wife or Husband <u>Isabell a. Saywalt</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>albert b. Saywalt</u>	How related to deceased <u>Son.</u>				

CAUSES OF DEATH

40

right disease

Primary Cancer of Liver Heart trouble How long Two years

Immediate Heart trouble How long some years

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. B. E. Vogler

Address

1232 S. 1st St.

Hamilton. Md.

Accident or Suicide?



J Wesley Jackson & So
745 N Goye
Balto City

Place of Burial
Western Cemetery
Jan 17. at 10 O'clock AM

Name
in
Full

Charles Weller Deakins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Calousville

Town

County

Bellington

MARYLAND

Date

of death 19

Month

10 May

Day

10

Years

5-3

Monthe

—

Days

—

Age

Sex Male
Occupation Laborer

Color or
Race

White

Birth-
place

Maryland

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

Autanoupe

Father's
Name

John Deakins

Mother's
Birthplace

Autanoupe

Mother's
Meiden Name

Anelia Crook

How related
to deceased

Sister in law.

Name of person giving
Information

Mrs. Sallie Deakins

(44)

How long

40 months

How long

about one month

CAUSES OF DEATH

Primary

Carcinous of Face

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

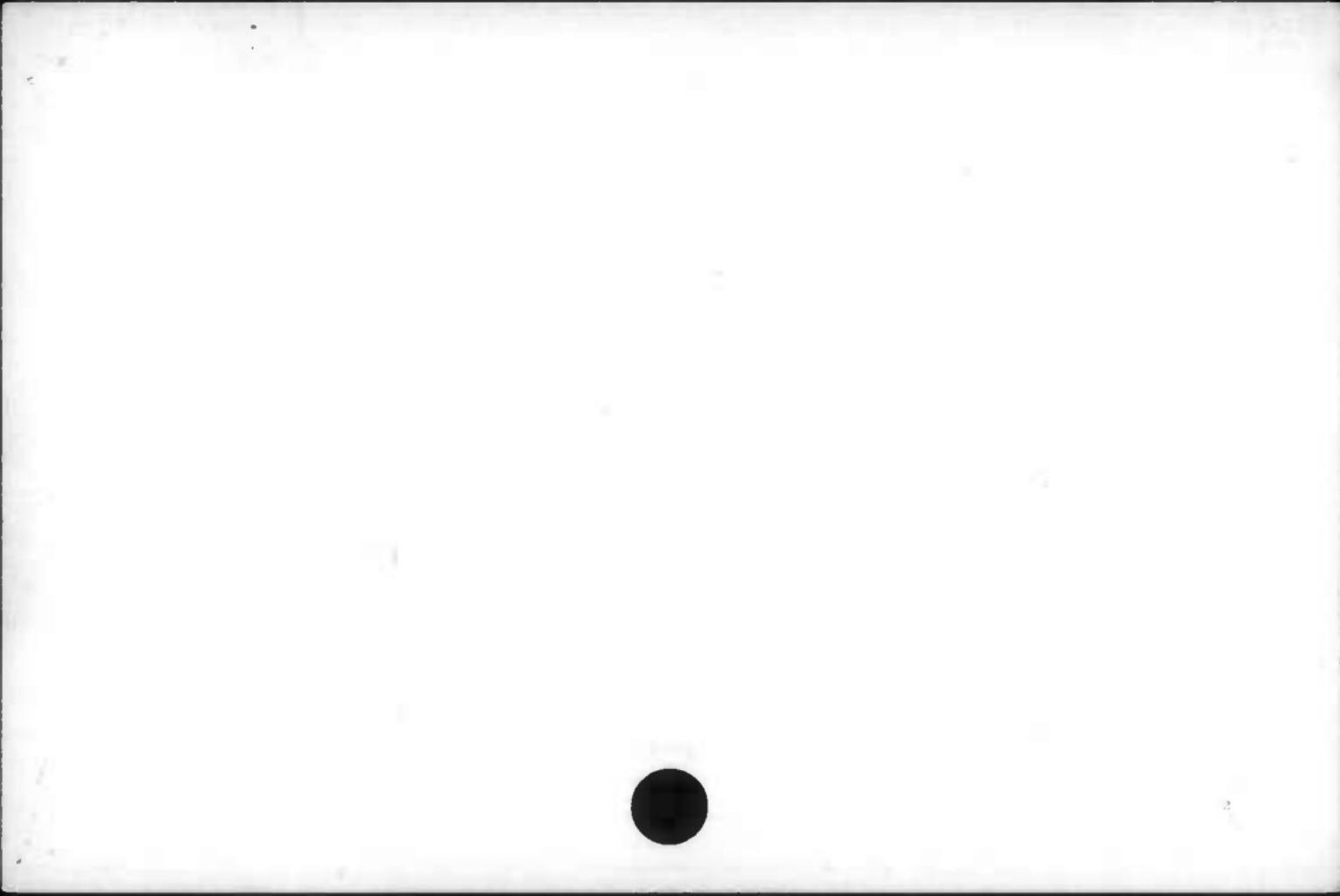
Frederick L. Pahmendorf

Address

Yes

Accident or Suicide

Coroner
Calousville Md.



Name
in
Full

Rosie W. Deputy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Highlandtown

County Baltimore

Date of death 1920 Month Jan Day 23

Age 23

Months 4 Days 8

Sex Female

Color or Race

white

Birth-place

Baltimore

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Fredericka Deputy

Father's Name

Joseph Ford

Father's Birthplace

Mother's Maiden Name

Russie Ferguson

Mother's Birthplace

Name of person giving
Information

Harry Ford

How related
to deceased

Primary

Tuberculosis,
Cardiac asthma.

27

How long

6 mos.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Mr. McCloudan M.D.
619 S. Clinton St.
J.W.

Accident or Suicide

PHYSICIAN
OR CORONER



H. Sander & Son,
Chester Pa
Jan. 25th 1910

Name
in
Full

Mary Elizabeth Divese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Woodlawn</u>		Town <u>Baltimore</u> County		MARYLAND	
Date of death <u>1960</u>	Month <u>1</u>	Day <u>17</u>	Years <u>63</u>	Montha	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>John T Divese</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John T Divese</u>	Father's Birthplace <u>Md</u>			
Father's Name <u>John Gyammonon</u>	Mother's Birthplace <u>Md</u>				Mother's Maiden Name <u>Unknown</u>
Name of person giving Information <u>Sarah E House</u>		How related to deceased <u>Sister</u>			

CAUSES OF DEATH

Primary

Carcinoma of vulva

40

long

1 year

Immediate

Infection

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. C. Smith
West Faunt Place

PHYSICIAN
OR CORONER

1

Accident or Suicide

W^m Cook -
Atayton.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Myrtle Ruth Devanney

CERTIFICATE OF DEATH

Died at Highlandtown Town Baldo County

MARYLAND

Date of death 1916 Jan 30 Month Day Years Month Days

Age 23 Birth-place — 4
Sex Tierdale Color or Race White Virginia

Occupation House Wife Where Reaing at place of death 26 N. Clinton St.

Married, Single or Widowed Married Name of Wife or Husband Henry S. Devanney

Father's Name Alfred W. Showard Father's Birthplace Accomac Va.

Mother's Maiden Name Martha Green Mother's Birthplace Baldo Md.

Name of person giving Information Henry S. Devanney How related to deceased Husband

CAUSES OF DEATH

Primary Congenital Septicemia

Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Physician

137

How long

How long

5 days.

4 days.

1
Accident or Suicide

McClellan
3314 E Baltimore St

Silby & Frider
Oak Lawn Cemetery

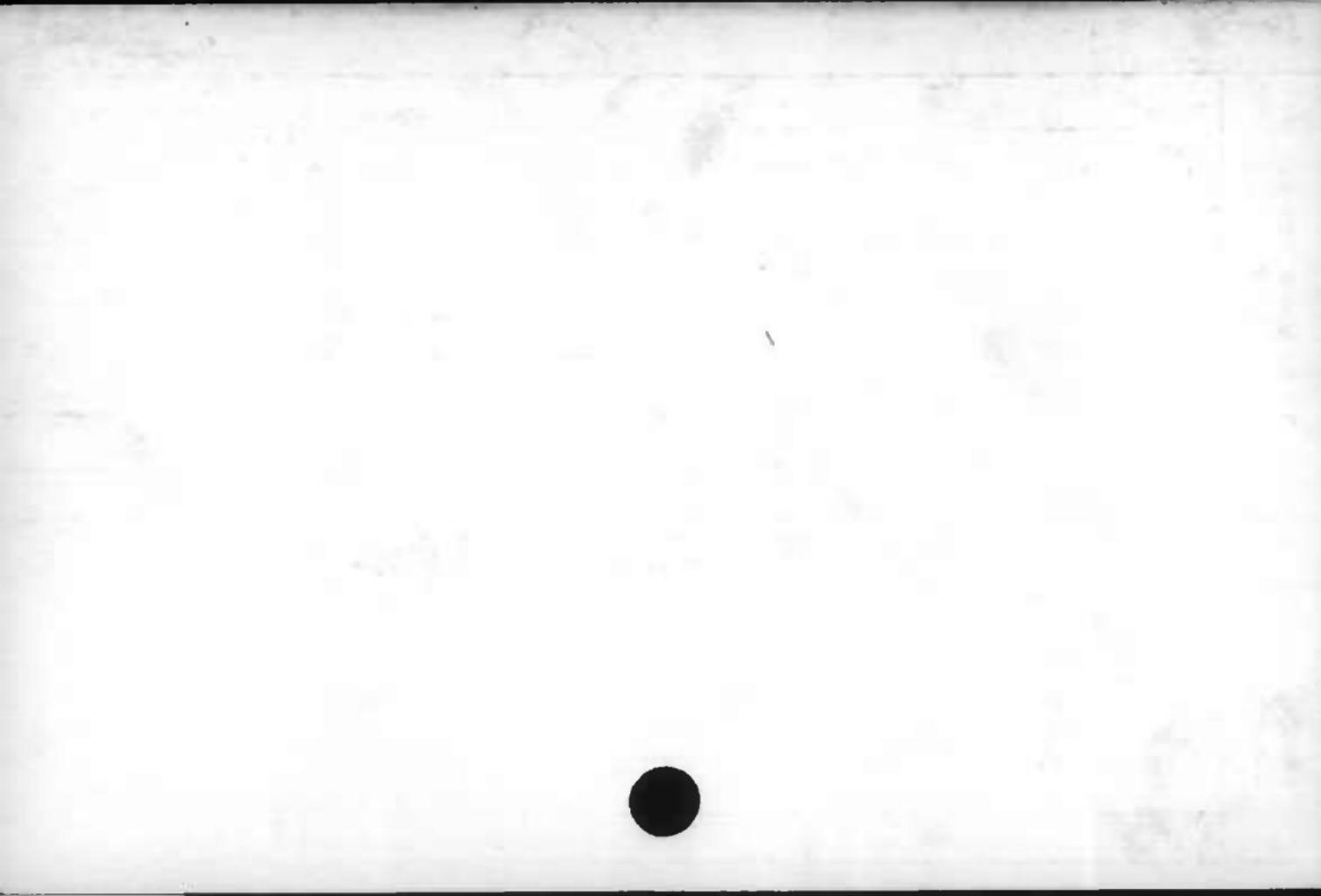
Feb 1st 1910

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

DEATH						CERTIFICATE OF DEATH		
Diad et	Town	County			MARYLAND			
Date of death	Month	Day	Years	Months	Days			
Sex	Male	Age						
Occupation	Color or Race	White	Birth-place	Catawsville				
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	Phillip	Dufty	Bolto Co. Ind.					
Mother's Maiden Name	Margaret	Aylen	Bolto, Co. Ind.					
Name of person giving Information	Phillip, Dufty	Father						
CAUSES OF DEATH								
Primary								
Immediate	Stillborn	How long						
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	D. W. Stultz, M.D.						
	Address	Catawsville, Ind.						
Accident or Suicide								



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Died at <u>Texas</u>			County <u>Baltimore</u>		MARYLAND
Date of death <u>1969</u>	Month <u>1</u>	Day <u>4</u>	Age <u>78</u>	Years	Months <u>Unknown</u> Days <u>Unknown</u>
Sex <u>Male</u>	Color or Race <u>Coloured</u>	Birth-place <u>Ind.</u>			
Occupation <u>Teainster</u>	Where Residing if not at place of death <u>Baltimore Co. Almehouse</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>House Register</u>	How related to deceased <u>Aunt</u>				
CAUSES OF DEATH					
Primary <u>Dementia Paralytica</u>	67				
Immediate <u>Exhaustion</u>	How long 3 months				
Are the name, age, sex, color, date and place correctly given above?	How long 1 week				
Yes	Signature of Physician <u>Wilmer J. Quisen</u> Address <u>Cockeyville Ind.</u>				
Accident or Suicide? <u>No</u>					

John Burns & Sons
Towson
Interment in
Sandy Bottoms
Cemt.

Name
in
Full

Sarah J Dodge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Groves	County Baltimore	MARYLAND		
Date of death 1900	Month 1	Day 4	Years Age 68	Months 6	Days —
Sex Female	Color or Race White	Birth- place Md			
Occupation —	Where Residing if not et place of death Chas S Dodge				
Married, Single or Widowed Married	Name of Wife or Husband Chas S Dodge				
Father's Name Wm Barry	Father's Birthplace Md				
Mother's Meiden Name —	Mother's Birthplace —				
Name of person giving Information Chas S Dodge	How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Heart Disease

79

How long

many years

Immediate

Exertion

How long

In a moment

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

E. H. Duncan

Groves town Md.

1

Accident or Suicide

Wax Creek
London Park
Friday

Name
in
Full

William Powell Egerton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park	Town	County Baltimore	MARYLAND	
Date of death 1910	Month January	Day 9 th	Years Age 41	Months 4 Days 18
Sex Male	Color or Race White American	Birth-place Maryland		
Married, Single or Widower	Occupation			
Name of Wife or Husband				
Father's Name Samuel E Egerton Jr	Father's Birthplace Maryland			
Mother's Maiden Name Bessie A. Tyler	Mother's Birthplace Maryland			
Name of person giving Information Stewart Egerton	How related to deceased Nephew			

CAUSES OF DEATH

50

Primary
Diabetes mellitus

How long

3 years

Immediate
Diabetic coma

How long

56 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Clinton Patterson

332 W. Charles St.

I

Accident or Suicide?

Malton Hartmann

Please grant Permit to
bury in Green Mount
Cemetery Jan'y 11th 1910
and oblige

Stewart H Mowen Esq
Jan'y 10/10

Name
in
Full

Agnes Helen Federline

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Died at	Irvington	Town	County	MARYLAND		
Date of death	1961	Month Jan	Day 18	Age	Years —	Months 2 Days 28
Sex	female	Color or Race	white	Birth-place	Irvington Md	
Occupation	child	Where Residing if not at place of death				
Married, Single or Widowed	singh	Name of Wife or Husband				
Father's Name	John T. Federline	Father's Birthplace	Howard Co			
Mother's Maiden Name	Mary A. Mulcahy	Mother's Birthplace	Howard Co			
Name of person giving Information	John T. Federline	How related to deceased	father			

CAUSES OF DEATH

Primary Gas by Industrial Inhalation
Immediate Several Asthma

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



W.W. Jones M.D.
Irvington

Accident or Suicide?

No

Wm B. Crothas
231 S. Strickland St.
Baltimore, Md.

Name
in
Full

Emma Locine Fiedler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Rosedale Baeto-Ces. MARYLAND

Town	Month	Day	Years	Months	Days
Died at	Date of death 1901	July	12 th	Age 21	—
Sex	Female	Color or Race	White	Birth-place	Baeto.
Occupation	Florist	Where Residing if not at place of death	—	—	—
Married, Single or Widowed	Single	Name of Wife or Husband	—	—	—
Father's Name	Ernest W. Fiedler	Father's Birthplace	Germany		
Mother's Maiden Name	Emilia Crall	Mother's Birthplace	Germany		
Name of person giving Information	Ms Martha Stoet	How related to deceased	Sister		

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

9 mo

Immediate

Starving & Weakness

How long

4 mo

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Eckhardt M.D.
1605 N North Ave
Baeto. Md.

Accident or Suicide

C. Schlossman & Son
1039 Hanover av
London Park Cemetery

Name
in
Full

Martha Louise Fellinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Pimlico	Baltimore	
Date of death	Month	Day	Years
1980	1	13.	Age 62 -
Sex	Color or Race	Birthplace	Months
Female	white -	Baltimore Md.	Days
Occupation	Where Residing if not at place of death	Pimlico Baltimore Md.	
House			
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John Fellinger	Father's Birthplace	Germany
Mother's Maiden Name	Mary M. Fellinger	Mother's Birthplace	Balt. Md
Name of person giving Information	Jeanne Fellinger	How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

94

How long

6 days

Immediate

Heart Failure

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr D Wells
Park Heights



Accident or Suicide

W

Jost Brook
1003 W. Ball St.
New Cathedral Cemetery
Jan 17 1980.

New Cathedral Cemetery

Name
in
Full

Alta Leona Fishpaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Died at		Town	County		MARYLAND	
Died at	Warren	Baltimore.				
Date of death	1900	Month	Day	Years	Months	Days
	Jane.		31	Age 1	5-	24
Sex	Female	Color or Race	White	Birth-place		Ind.
Occupation	None	Where Residing if not at place of death			Warren Ind.	
Married, Single or Widowed	Single	Name of Wife or Husband		None		
Father's Name	Walter Fishpaw			Father's Birthplace		
Mother's Maiden Name	Alice Catherine Walty.			Ind		
Name of person giving Information	Walter Fishpaw			Mother's Birthplace		

CAUSES OF DEATH

Primary

Tubercular Gangitis

28

30

How long

5 weeks

Immediate

Coma -

How long

3 hours -

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Walter C. Evans M.D.

Cockeysville

Ind.

Accident or Suicide

No.

Funeral at Poplar

Feb. 2nd

W. C Brooks

Name
in
Full

William H. Fishman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Systra sta. Green spring valley Ballt. Co.

Date of death 1910 Month 1 Day 3 Years 76 Months — Days —

Sex Male Color or Race white

Birth-place Ballt. Co.

Occupation Farmer

Where Residing if not
at place of death Systra sta. Green spring valley Ballt. Co.

Married, Single
or Widowed married

Name of Wife or
Husband

Maggie Fishman

Father's Birthplace Ballt. Co.

Father's Name Aquilla Fishman

Mother's Birthplace Ballt. Co.

Mother's Maiden Name Mary Wooden

How related to deceased wife

Name of person giving
Information Maggie Fishman

120

How long

about 2 yrs

How long

Second yrs.

Primary

Chronic Bright's Disease
and valvular disease of the Heart.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. F. Bunn M.D.
Texas, Md

PHYSICIAN
OR CORONER

1

Accident or Suicide

Interned at
Jessup W. E. Cemetery
~~& Cockserville~~
Baltimore Co.

John Burns Son

Name
in
Full

Mary Flanagan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Baltimore	Baltimore		8	Months	18 Days
Date of death	Month	Day	Years		
1910	Jan	21	4		
Sex	Female	Color or Race	White	Birth-place	Baltimore Md
Occupation	None	Where Residing if not et place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Thomas Jerome Flanagan	Father's Birthplace	Howard Co Md		
Mother's Maiden Name	Nellie S. O'Connor	Mother's Birthplace	Howard Co Md		
Name of person giving information	Thomas J Flanagan	How related to deceased	Father		

CAUSES OF DEATH

Primary	Pertussis	
Immediate	Baccho Pneumonia	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	~	

8

How long

3 weeks

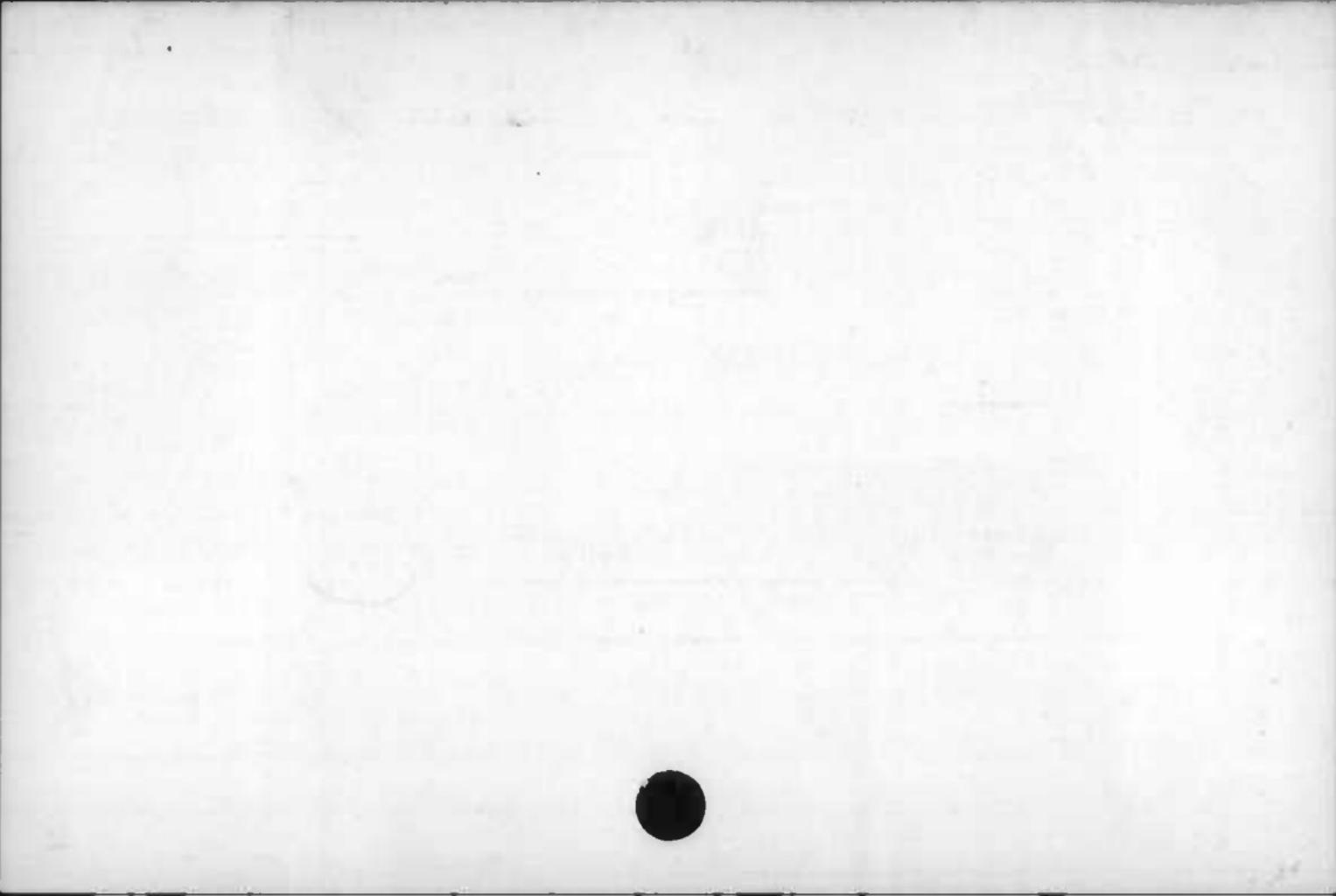
How long

1 "

Charles L Blaufeld M.D.
Baltimore Md

PHYSICIAN
OR CORONER





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John J. Horbes

Town

Court

County

Died at

Date

of death

1910

Month

January

Day

11

Years

26

MARYLAND

Months

Deys

~~W. G. Brown~~

Roxit Turner,
Mandateker
to Haly Cross.

Name
in
Full

Baby Fountain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Harrisonville

Town

County

Balto

MARYLAND

Date

of death 1900

Month

Jan

Day

3

Years

—

Months

—

Days

—

Age

—

Sex

male

Color or
Race

Black

Birth-
place

Harrisonville

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

alred Fountain

Father's
Birthplace

Easton, Md

Mother's
Meiden Name

Julia Reed

Mother's
Birthplace

Harrisonville

Name of person giving
Information

Julia Fountain

How related
to deceased

Mother

CAUSES OF DEATH

Primary

still-born

8

How long

X

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm. E. Martin

Roslyn, Md.

Accident or Suicide

H. Hall & J. Purdeyman,
Colony Hill Cemetery

Name
in
Full

Jennina E. Fox-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Phoenix Town Batt. County MARYLAND
Date of death 1910 Month 1 Day 19 Age 48 Months 8 Days 21
Sex Female Color or Race White Birth-place Ind.

Occupation Housewife

Where Residing if not
at place of death

Phoenix Ind.

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Fox

Father's
Name

Isaac King

Ind.

Mother's
Maiden Name

Jennina Persol

Ind.

Name of person giving
Information

Chas. Fox.

How related
to deceased

Stepson

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

27

How long

months.

Immediate

Endocarditis

How long

1 month.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Wilmer C. Garrison M.D.
Cockeysville
Md.

PHYSICIAN
OR CORONER

I

Accident or Suicide

No.

Interment at Jacksonville
Lutheran Cemetery Tuesday

2/22

H C Brooks

Name
in
Full

Mary A. Frank

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Sutherl^{own} ville County Balto.

Date of death 19⁰0 Month Jan Day 9 Age Years 5 Months 7 Days _____

Sex Female Color or Race white Birth-place Md.

Occupation Wife Where Residing if not at place of death Sutherl^{own} ville

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Chas. Frank Father's Birthplace Md.

Mother's Maiden Name Margaret Brown Mother's Birthplace Md.

Name of person giving information Chas Frank How related to deceased Father

CAUSES OF DEATH

Primary

Lung Influenza

10

How long

Dec 1900

Immediate

Capillary Bronchitis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

H. Burton Harrison
Reister, Md.

1

Accident or Suicide

John Burns Sons
Towson
Instrument in
St. Mary's
Gown

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Anna Rosa Friskey.

CERTIFICATE OF DEATH

Died at

Town

County

Pungerville

Baltimore

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1910 January

2

—

2

24

Sex

Female

Color or
Race

white

Birth-
place

Baltimore County

Occupation

Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Frederick Friskey

Father's
Birthplace

Baltimore County

Mother's
Maiden Name

Annie Popoff

Mother's
Birthplace

Baltimore City

Name of person giving
Information

Frederick Friskey

How related
to deceased

Father

CAUSES OF DEATH

99

How long

Primary

Pneumonia

4 days

Immediate

Coronary

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

W.S. Sudderth M.D.
3323 E. Baltimore St.

Accident or Suicide?

12

CHRISTIAN MILLER.
UNDEFAKER & EMBALMER.
2834 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

~~Mt~~ Carmel Cemetery
Jan 4/1900

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Accident or Suicide

Wes a Galloway
Died at Hyland tour
Town Month Day
Date of death 1950 Jan 9 Age 74 Years

Sex Male Color or Race white

Occupation contractor.

Where Residing if not
at place of death

Married, Single or Widowed Married Name of Wife or Husband Jirina Galloway

Father's Name Moses E. Galloway

Mother's Maiden Name Martha MacClement

Name of person giving Information Jirina Galloway

CAUSES OF DEATH

Primary Lavernoma of Stomach
Immediate Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of Physician

Address

Geo S. Young
1735 N Broadway
City (20)

CERTIFICATE OF DEATH

MARYLAND

Months 5 Days 25

Birth place Bolt lew.

108 11th St

Father's Birthplace Bolt lew

Mother's Birthplace Scotland

How related to deceased wife.

40

How long about 2 yrs
How long

H. Cook.
502 Edworth ave
London Park. Ill.

Name
in
Full

James Gilmore Glenn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at Sparrow's Pt.	Baltimore			
Date of death 1910	Month Jan	Day 24	Age -	Years Months Days
Sex Male	Color or Race white	Birth-place 9 hours Sparrow's Pt.		
Occupation nurse	Where Residing if not at place of death —			
Married, Single or Widowed —	Name of Wife or Husband —			
Father's Name James Glenn	Father's Birthplace del.			
Mother's Maiden Name Ella Gilmore	Mother's Birthplace del.			
Name of person giving Information James Glenn	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cardiac Insufficiency

Immediate

Cardiac Insufficiency

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

I

Accident or Suicide

79

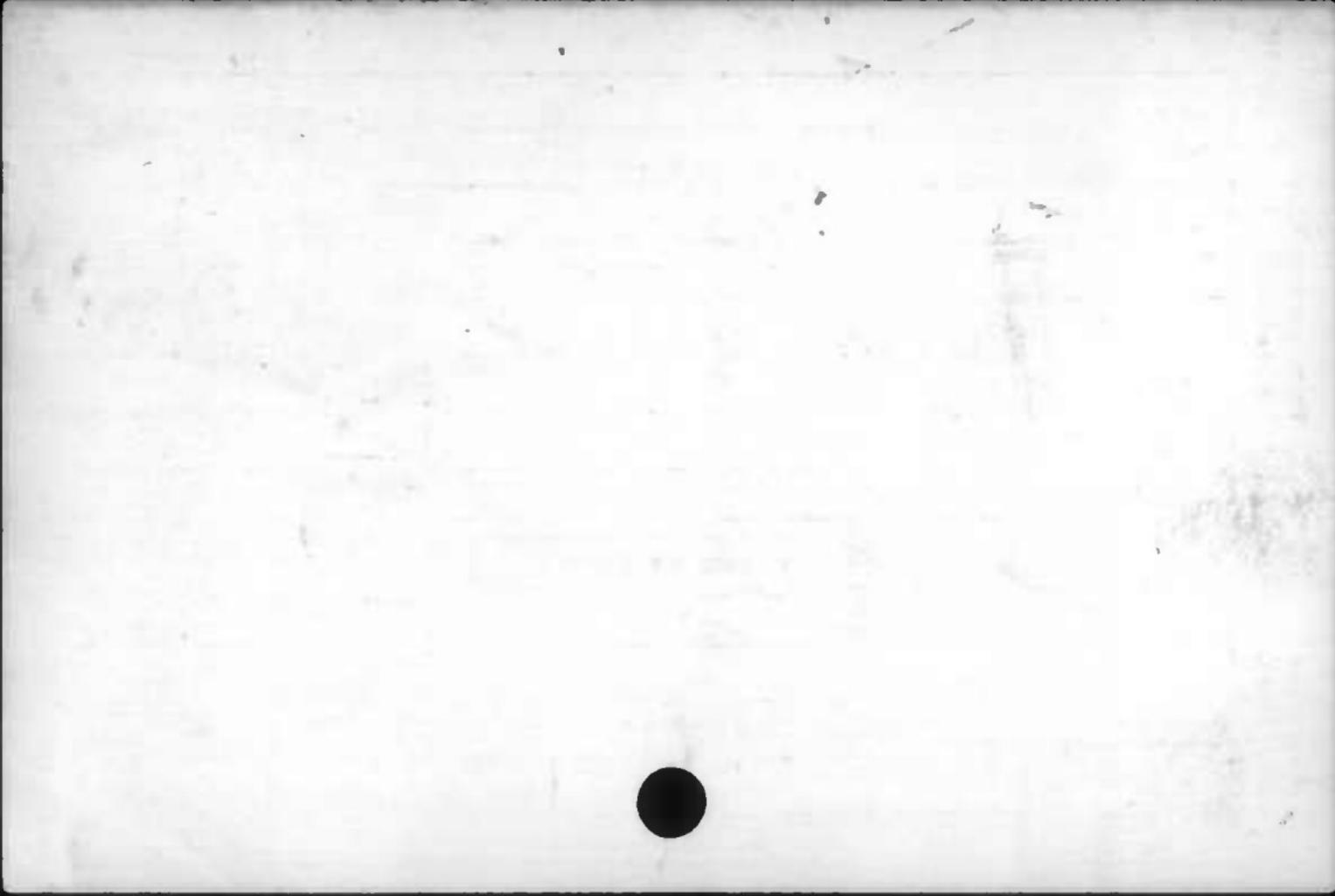
hours

How long

9 hours

9 hours

A. K. Peltier M.D.
Sparrow's Pt.
Md.

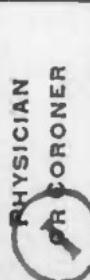


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Josephine Godfrey				CERTIFICATE OF DEATH		
Died at Merriam		Town County Baltimore		MARYLAND		
Date of death 1940 Jan 10	Month Day 23	Age 15	Years	Months	Days	
Sex Female	Color or Race Brown	Birth-place Howard Co MD				
Occupation Machine Operator	Where Residing if not at place of death Inter. Home Builders					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Mr. Known			Father's Birthplace		
Mother's Maiden Name	Mr. Known			Mother's Birthplace		
Name of person giving information	Sister of David Horn			How related, to deceased		

CAUSES OF DEATH



Primary	Acute Indigestion	How long	Three days
Immediate	Sudden Heart Failure	How long	Half hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. Winfrey MD
		Address	1220 E. Taylor St
Accident or Suicide?			9

H. S. Marshall

3539 Fall Road

Jan 3 - 1909

Miloak Home Cen.

Name
in
Full

martha a gray.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Catonsville Town Baltimore County

MARYLAND

Date of death 1910 Month Jan Day 27 Age 57 Years - Months - Days -

Sex female

Color or Race

Colored.

Birth-place

Baltimore Co

Occupation

House wife

Where Residing if not
at place of death

Catonsville, Md

Married, Single
or Widowed

widow

Name of Wife or
Husband

James W. Gray.

Father's
Birthplace

Sandy Spring, Md

Father's
Name

John E Plumhjels

Mother's
Maiden Name

Mary J Googood

Mother's
Birthplace

Elkridge, Md

Name of person giving
Information

Mary E. Gray.

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

nefritis.

(10)

How long

1 yr

Immediate

La Siffe

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Marshall B. West
Catonsville, Md.



Accident or Suicide

R. A. Eliott undertaker
506. Rogers. ave. Battocetly
to Western Star Cemetery

Name
in
Full

Conrad Hanner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Henry Hanner	Father's Birthplace Maryland			
Mother's Maiden Name	Savie Mc Paul	Mother's Birthplace Maryland			
Name of person giving information	Henry Hanner	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary

Broncho Pneumonia

91

How long

two weeks

Immediate

Toxemia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

ye

Signature of Physician

Address

W. L. Burkhardt

3042 Hudson St

Accident or Suicide?

W. Carmel
H. Sander Son
Jan 23rd 1910

Name
in
Full

Haines) Emily J. Ballou

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Leatinsville Baltimore
Died at Month Day Years Months Days
Date of death 1960 Jan 18 75 —
Sex Female Color or Race white Birth-place Maryland
Occupation None Where Residing if not at place of death X
Married, Single or Widowed Married Name of Wife or Husband Jeremiah Haines
Father's Name Henry Sellman Red.
Mother's Maiden Name Lusk Mother's Birthplace Leah
Name of person giving information Arthur Haines How related to deceased Son

CAUSES OF DEATH

Primary

Melanoma

79

How long

2 yrs.

Immediate

Malignant Disease of Heart & Pericardium

How long

6 mos

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Veray Rose,
Leatinsville Md

PHYSICIAN
OR CORONER

1

Accident or Suicide

No

Mrs. C. Priest & Sons].

1041 E. Fulton Ave.

Ms.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Wm M. Harcourt

Town

County

Raspeburg

Balt.

MARYLAND

Died at

Month

Day

Years

Months

Days

Date
of death 1960

17

Age

59

04

17

Sex

M.

Color or
Race

Wh.

Birth-
place

Va

Occupation

Proof Reader

Where Residing If not
at place of deathMarried, Single
or Widowed

M

Name of Wife or
Husband

Eliz. Dickson

Father's
Birthplace

N.Y.

Father's
Name

Wm M. Harcourt

Mother's
Birthplace

Va

Mother's
Maiden Name

Mary E. Bely

How related
to deceased

Sone,

Name of person giving
Information

Robt R. Harcourt

CAUSES OF DEATH

Primary

Pericarditis

77

How long

2 weeks

Immediate

Bronchitis - Pneumonia

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. J. Wilkinson

Address

Raspeburg, Md.

14

Accident or Suicide

Neither

Chas J. Evans
118 H. Mt. Royal Ave.
London Park (Cen)

Name
in
Full

Frederick Ivan Haetterich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brekins Lane County Balto
Town Balto Month 1 Day 18 Year 5
Date of death 1960 Months — Days 13

Sex Male Color or
Occupation Race white

Where Rasing if not
at place of death

Birth-
place Maryland
Brekins Lane

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name Jacob Haetterich

Father's
Birthplace Germany

Mother's
Maidan Name Eliza Miller

Mother's
Birthplace

Name of person giving
Information Eliza Haetterich

How related
to deceased Mother

Primary

CAUSES OF DEATH
Encephalitis - ns.

Immediate

Pulmonary Edema

Are the name, age, sex, color, date
and place correctly given above?

Yes,

Signature of
Physician

Address

Eugenio Perales
2314 Rebalt St.

PHYSICIAN
OR CORONER



Accident or Suicide

Jerusalem
Cemetery

Name
in
Full

Edna Blanche Hoffman

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Free land Town County Baltimore

MARYLAND

Date of death 1960 Month Jan. Day 16 Years Months 2 Days 21

Sex Female Color or Race White

Birth-place Baltimore Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Free land Bed Co.

Father's Name

William H. Hoffman

Father's Birthplace

Baltimore Co.

Mother's Maiden Name

Annie E. Cooper

Mother's Birthplace

Baltimore Co.

Name of person giving
Information

William H. Hoffman

How related
deceased

Father

CAUSES OF DEATH

Primary

Malaria

How long

1 Month

Immediate

Found dead in bed —

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes —

Signature of
Physician

Address

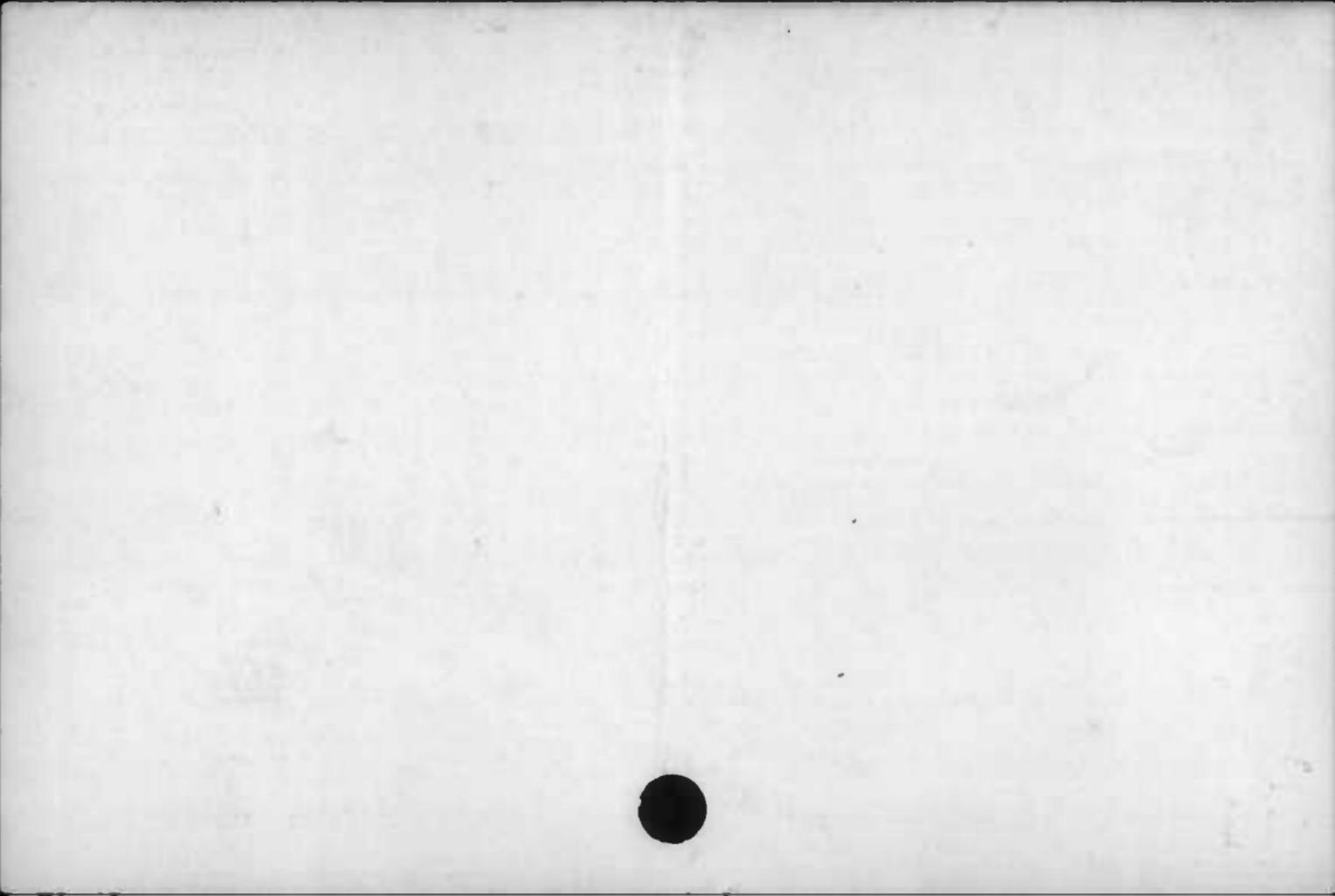
Joseph S Baldwin

Free land

6

Baltimore Co.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Margaret Ann Hoyerby

CERTIFICATE OF DEATH

Died at St. Agnes Hospital

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1940

June

4

39

—

—

Age

39

Sex

Color or
Race

white

Birth-
place

England

Occupation

Housewife

Where Residing if not
at place of death

Pikesville Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

William F. Hoyerby

Father's
Name

William Williams

Father's
Birthplace

England

Mother's
Maiden Name

Unknown

Mother's
Birthplace

England

Name of person giving
Information

William F. Hoyerby

How related
to deceased

Absentee

CAUSES OF DEATH

41

Primary

acute obstruction bowel (convolvular
colic)

How long

5 days

Immediate

acute obstruction bowel (adhesions)

How long

4 days

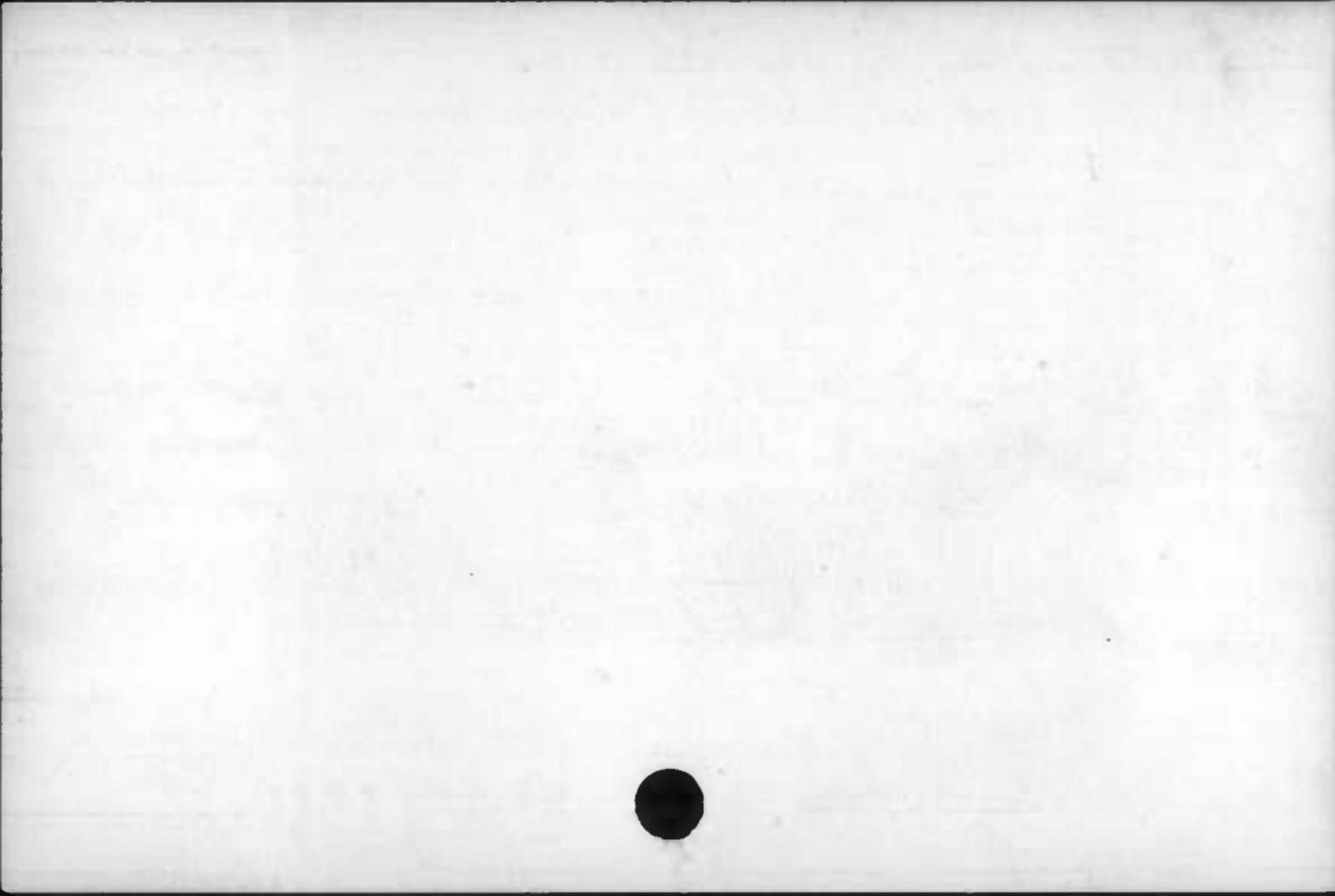
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Fred York
St. Agnes Hospital

Accident or Suicide?



Name
in
Full

Child of Henry D. Elizabeth B Hollings

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Town Roland Park County Baltimore MARYLAND
Date of death 1980 Month January Day 28 Years — Months Stillborn Days —
Sex Female Color or Race White Birth-place 121 Woodlawn Rd.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Henry D Hollings

Father's Birthplace Baltimore

Mother's Maiden Name Elizabeth Burleigh

Mother's Birthplace Cambden N.J.

Name of person giving information Henry D Hollings

How related to deceased Son

CAUSES OF DEATH

Primary Hemorrhage behind Placenta

How long —

Immediate " " "

How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John D. Hollings Jr.
56 W Briddle St

Baltimore

Accident or Suicide? —

PHYSICIAN
OR CORONER

undertakers

Henry H. Jenkins and Sons Co
McDonald and Charles Sts.

= London Park Cem.

January 29th 1910

Name
in
Full

Catherine M. Holtz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1950	Month Jan	Day 17th	Years 78	Months — Days —
Sex	Female	Color or Race	White	Birthplace	Baltimore Md
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Father or Husband	Randolph Holtz	Father's Birthplace	Ireland
Father's Name	Thomas Kehoe	Mother's Maiden Name	don't know	Mother's Birthplace	Ireland
Name of person giving information	Randolph Holtz	How related to deceased	Husband		

CAUSES OF DEATH

Primary	Pneumonia	93	7 days
Immediate	Heart Exhaustion	7	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. L. Deacon
		Address	Goravastown
I		Accident or Suicide	

George Schilling & Sons
W. W. Cor Ainsworth & Monument Co.
St Marys town Md

Name
in
Full

Elizabeth S. Hooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Bare Hill	Baltimore				
Date of death	Month	Day	Years	Months	Days
1960	1	29	79	1	20
Sex	Color or Race	Where Residing if not at place of death			
Femal	White	Bare Hill			
Occupation					
Housekeeper					
Married, Single or Widowed	Indoor	Name of Wife or Husband			
		John T. Hooke			
Father's Name					
Sam'l Hooke					
Mother's Maiden Name					
Sydney Ritter					
Name of person giving Information					
Zhors. J. Hooke					
How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Intestinal Inflam.

120

How long

Immediate

Meningo Coccag

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Burbot Lemmon

Ritter 1/2

9

Accident or Suicide

London Park

Horace Burger
undertaker

Name
in
Full

Elizabeth C. O'Fallon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month Jan.	Day 29th	Years Ago	Months	Days
Sex Female	Color or Race White	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband	Buckleyville	
Father's Name	B. Talbot		Father's Birthplace	Aug.	
Mother's Maiden Name	Mrs. Katie		Mother's Birthplace	not known	
Name of person giving Information	Mrs. Mary Pearson		How related to deceased	Grand Daughter	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Hysteria

How long

Two three mo.

Immediate

Senile debility

How long

Two more

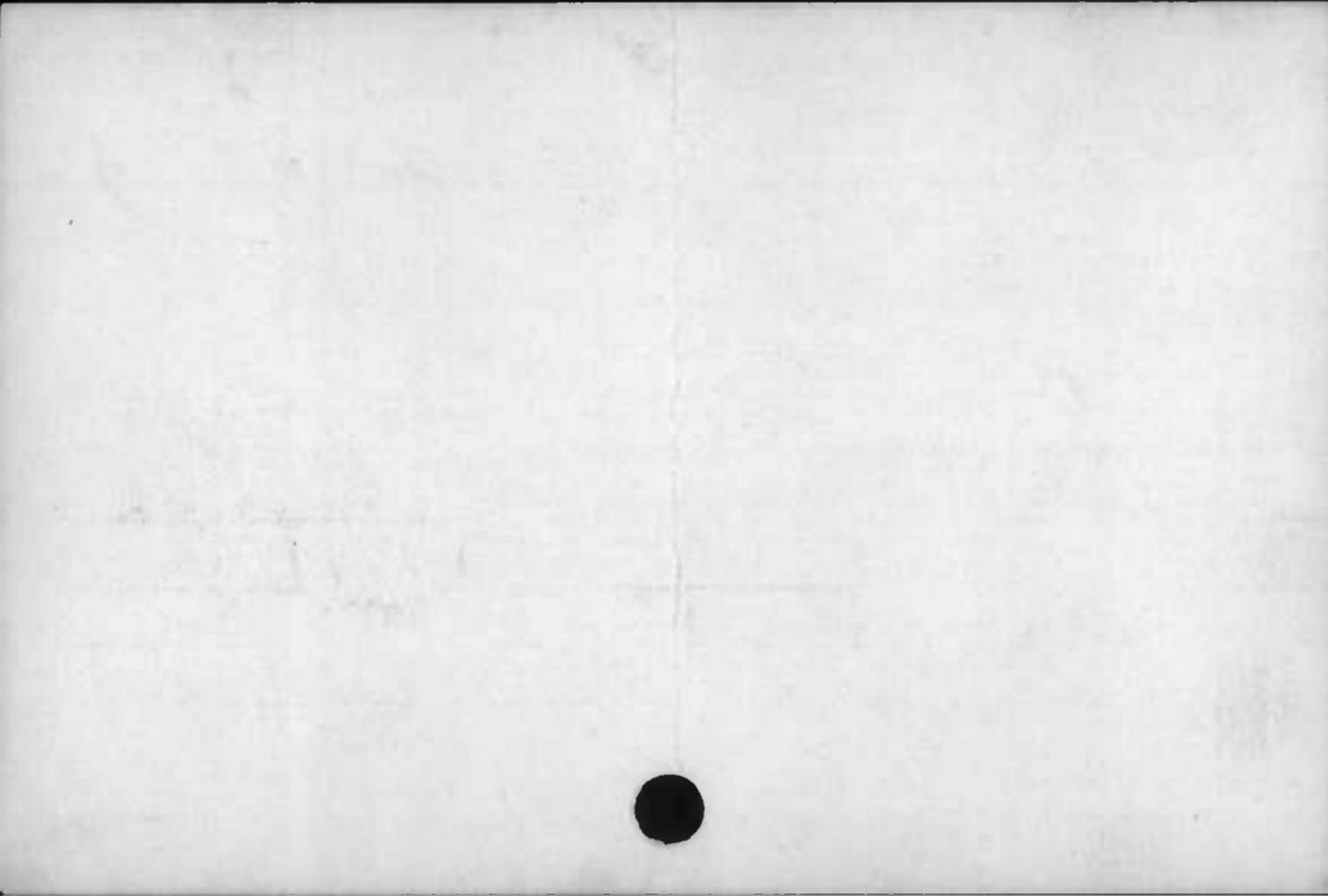
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



Accident or Suicide?



Name
in
Full

Eliya Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Sarah Barton	Mother's Birthplace	Warrren
Name of person giving information	Mrs Asith Lynch	How related to deceased	Sister

POLICE
OR CORONER

CAUSES OF DEATH

Primary

Phrenic Bright

How long

2 yrs

Immediate

Aphakry & Paralysis

How long

54 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

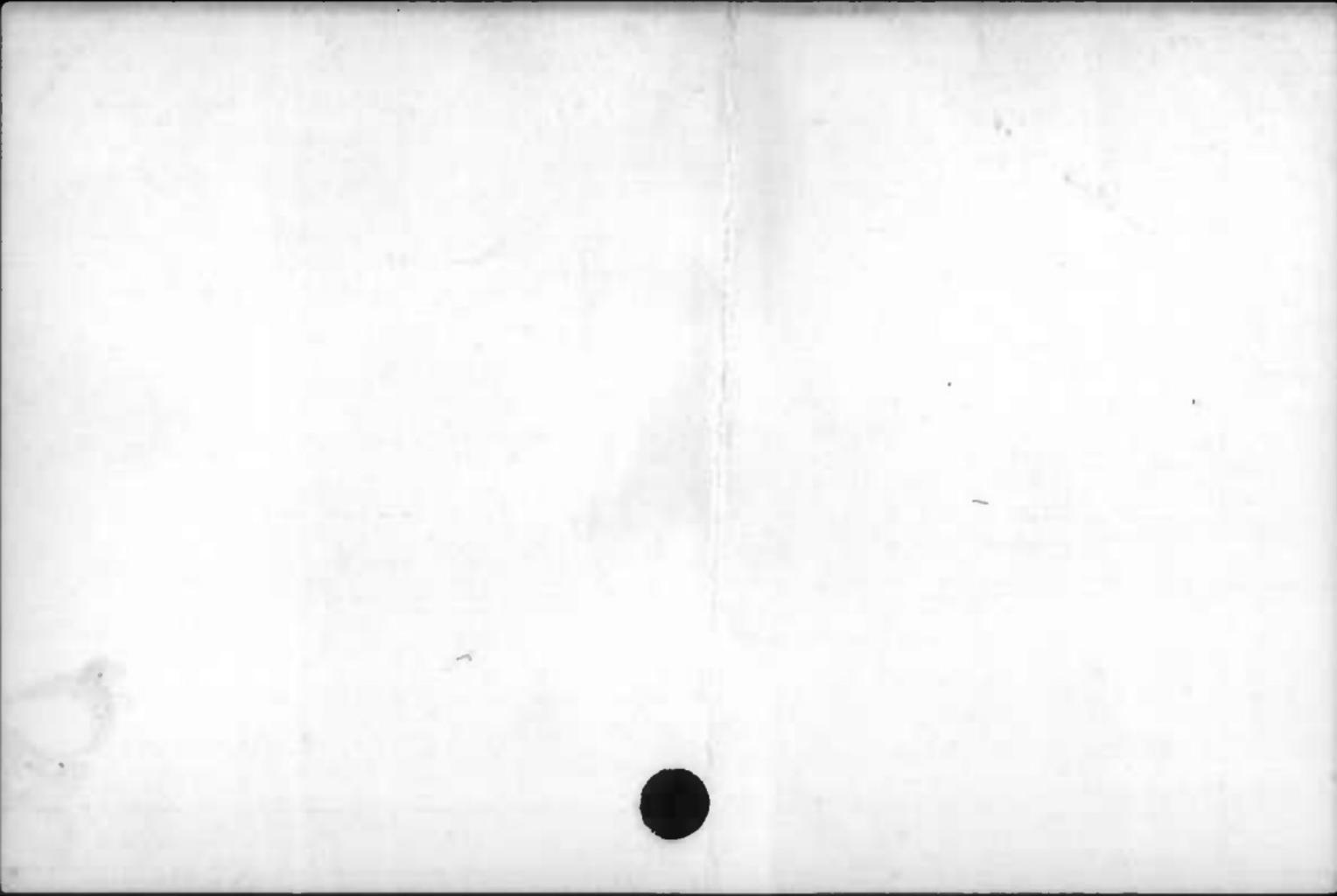
Address

B.T. Burrey

Tixa Mt.



Accident or Suicide?



Name
in
Full

Still born infant Kurt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at Sparrows Point	Baltimore			
Date of death 1910	Month Jan	Day 29 th	Years —	Months —
Sex Female	Color or Race col.	Birth-place Sparrows Point		
Occupation —	Where Residing if not at place of death Sparrows Point			
Married, Single or Widowed —	Name of Wife or Husband —			
Father's Name Samuel Kurt	Father's Birthplace Va			
Mother's Maiden Name Annie Dawson	Mother's Birthplace Va			
Name of person giving Information Annie Dawson	How related to deceased mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still born.

Immediate Syphilis

Are the name, age, sex, color, date and place correctly given above ?

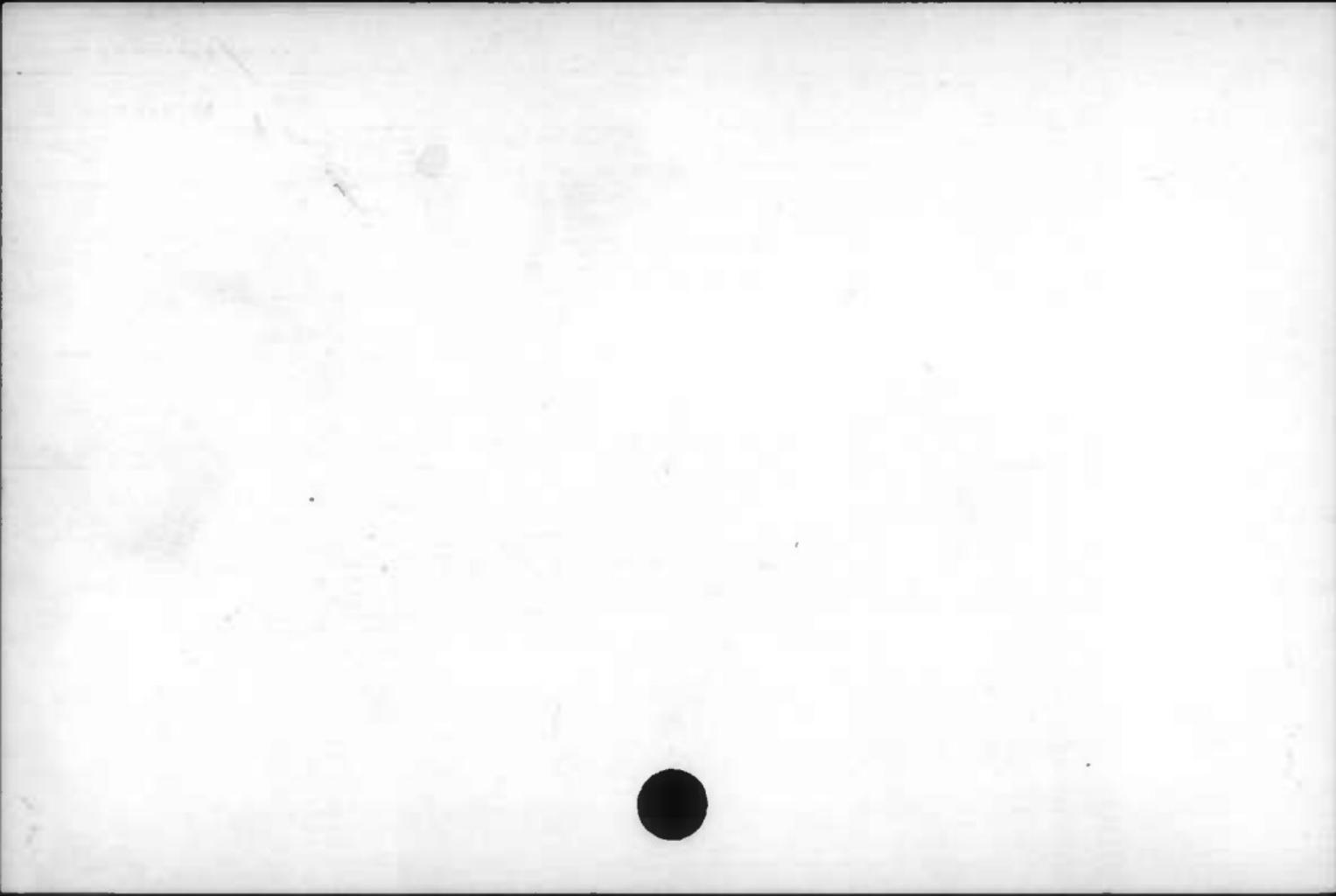
yes

Signature of Physician

Address

G. L. McCormick M.D.
Sparrows Point
Md.)

Accident or Suicide no



Name
in
Full

Georgia Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	1 21
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	James Jacobs		
Mother's Maiden Name	Elizabeth Hayes		
Name of person giving Information	Frank Jacobs		

CAUSES OF DEATH

Primary Semile dementia
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. R. Dunton, Jr.
St. S. P. Hospital
Towson, Md. 21204

Accident or Suicide

No

154

How long

1-2 yrs

How long

about 3 days

Mr. Cook
Rock Spring
Bem.

Hanford Co.
Md.

Name
in
Full

Emily Jane Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1960	Month January	Day 3rd	Years 59	Months 4	Days 17
Sex	Female	Color or Race	White			
Occupation	none	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Joseph Jackson			Father's Birthplace	France	
Mother's Maiden Name	Sarah Smith			Mother's Birthplace	Maryland	
Name of person giving Information	Shields C. H. Jackson			How related to deceased	Brother	

CAUSES OF DEATH

Primary

Aortic Insufficiency

120

How long

two years

Immediate

Chronic nephritis (urmia) x

How long

one year + 5 yrs.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Irving Miller

Address

108 E. North Ave.

Accident or Suicide

Per Dr. Josiah S. Bowen

Mt. Washington, Md.

George Schilling & Sons
Asquith & Monument St Baltimore Md
Funer at January 4th 1910 at 2 PM

Interment in St Marys Cemetery Hampden

Name
in
Full

Martha Jacoby

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND
Date of death	Month	Day	Years
1960	1	24	Age 57
Sex	Female	Color or Race	White
Occupation	Housewife	Where Residing if not at place of death	Germany 4007 Eastern Ave
Married, Single or Widowed	Mariid	Name of Wife or Husband	Theodore Jacoby
Father's Name	Andrew Preppel	Father's Birthplace	Germany
Mother's Maiden Name	Martha	Mother's Birthplace	" "
Name of person giving Information	Theodore Jacoby	How related to deceased	Husband

Primary CAUSES OF DEATH

CAUSES OF DEATH

Immediate Pulmonary edema

(120)

How long

How long

for indefinite period

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Morris Abramowitz

1707 E. Baltimore St.

Balto. Md. 21202

Accident or Suicide

no.

PHYSICIAN
OR CORONER



Oak Lawn Cemetery

J. Hennig & Son

1/27/10

Name
in
Full

Henry S. Jean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Harrisonville

County

Baltimore

MARYLAND

Date
of death 19

Month

Day

Years

10 Jan

Age 67

Months

7

Days

Sex

Male

Color or
Race

White

Birth-
place

Harrisonville

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm P Jean

Father's
Birthplace

Randallstown

Mother's
Maiden Name

Sackie Quincer

Mother's
Birthplace

Hornwood

Name of person giving
Information

Alice S Jean

How related
to deceased

sister

CAUSES OF DEATH

Primary

Diabetes

50

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

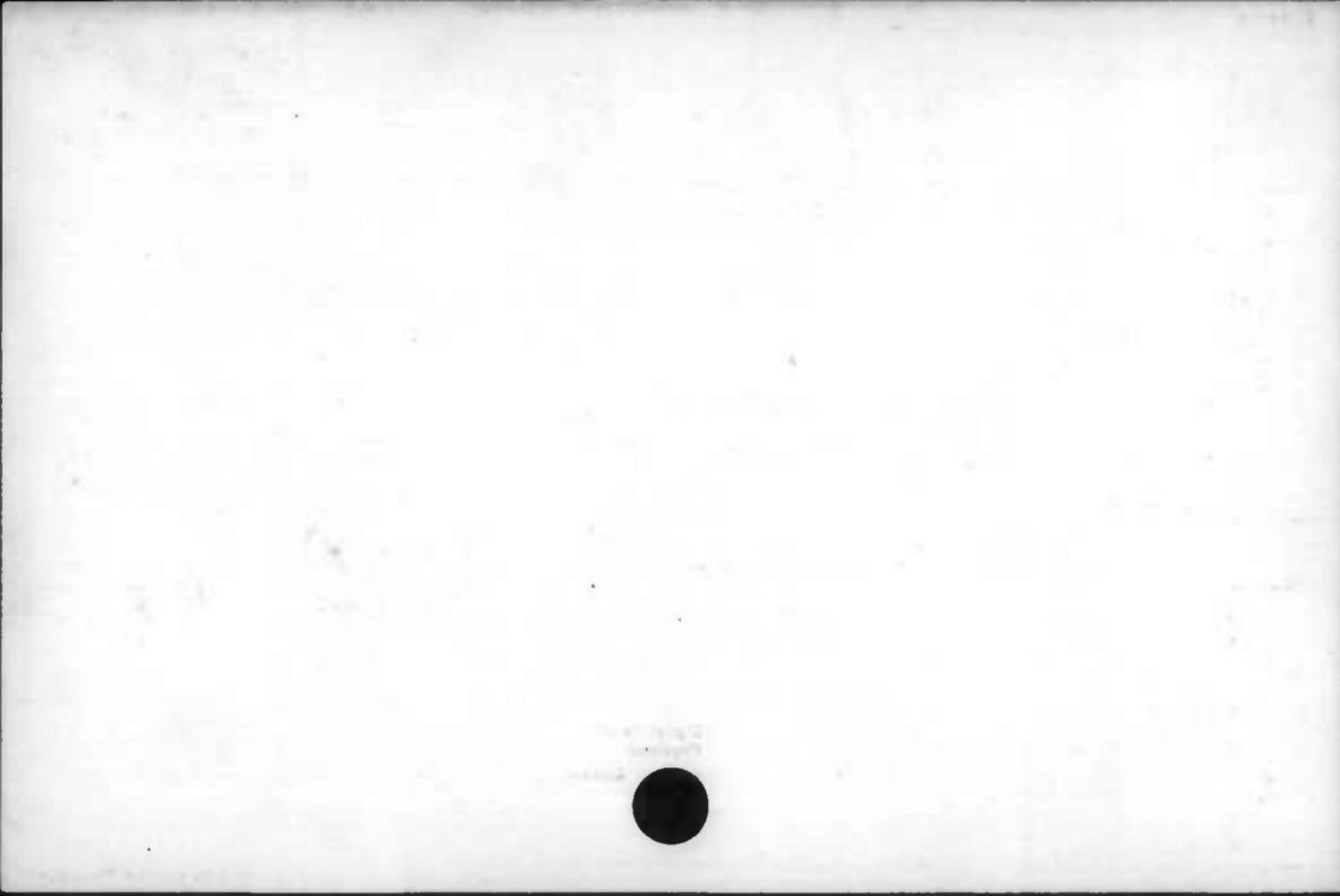
Address

In A V Smith M.D.
Harrisonville
Md ✓

1

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Chas Jones

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

Poole's Bluff

County

Bullo

Date

of death 1909

Month

Jan

Day

24

Years

30

Months

Days

Sex

Male

Color or
Race

Age
Colored

Birth-
place

Georgia

Occupation

Labor

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jennie Jones

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Jennie Jones

How related
to deceased

Sister

Primary

Fall off a sled.

CAUSES OF DEATH

Cerebral Haemorrhage

due to fractured skull

How long

1104 1/2

Immediate

How long

1/2

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Chas Jones
Suddes, M.D.
3325 Lubbock St

Accident

Accidental

17

Undertaker -
Felix B. Dye. —
107 W. Mulberry St.

Asbury Cemetery
Jan. 30-1910.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Year	Months	Days	
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Grace Jordan			
Father's Name	George W Jordan			Father's Birthplace	Baltimore Md
Mother's Maiden Name	Martha Warner			Mother's Birthplace	Baltimore
Name of person giving information	Dr. M. Jordan			How related to deceased	Son

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

Two years

Immediate

Scrofula tuberculosa

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. A. Preston, M.D.
Hampstead
Md



Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Leslie Jordor

Town

Died at Brooklandville

County

Balto.

MARYLAND

Date

of death

1950

Month

Jan

Day

2

Years

28

Months

—

Days

—

Sex

Male

Color or
Race

white

Birth-
place

England

Occupation

Cochlear

Where Residing if not
at place of death

Brooklandville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Leslie Jordor

Father's
Name

Joseph

William Warren Jordor (M.M.)

Father's
Birthplace

england

Mother's
Maiden Name

Bertha Bryant

Mother's
Birthplace

england

Name of person giving
Information

Leslie Jordor

How related
to deceased

wife

CAUSES OF DEATH

Primary

Typhoid Fever

①

31 days

Immediate

Cardiac Degeneration

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

A. Burloii Thruway
Rider Ind.

Accident or Suicide

John Burns Sonz
Towson.

Instrument - at

Song Island
N.Y. York state

Name
in
Full

William F. Racker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Canton

County

Baltimore

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1960 Jan. 15

Age

3

21

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Frederick W. Racker

Father's
Birthplace

Maryland

Mother's
Maiden Name

Ethel B. Wallmeyer

Mother's
Birthplace

Maryland

Name of person giving
Information

Frederick W. Racker

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

91

How long

5 days

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Herbert Schenck, M.D.
1013 Canton St.

12

Accident or Suicide

I
PHYSICIAN
OR CORONER

Mt. Carmel Country
Jan. 19th 1910

H. Sanders Son

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife & Husband	Victorine W.	
Father's Name	Edward Kelly		
Mother's Maiden Name	Cynthia Tracy		
Name of person giving information	Victorine W. Kelly		

CAUSES OF DEATH

197

How long

1 year

How long

2 days

PHYSICIAN
OR CORONER

Primary

Sepsis

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

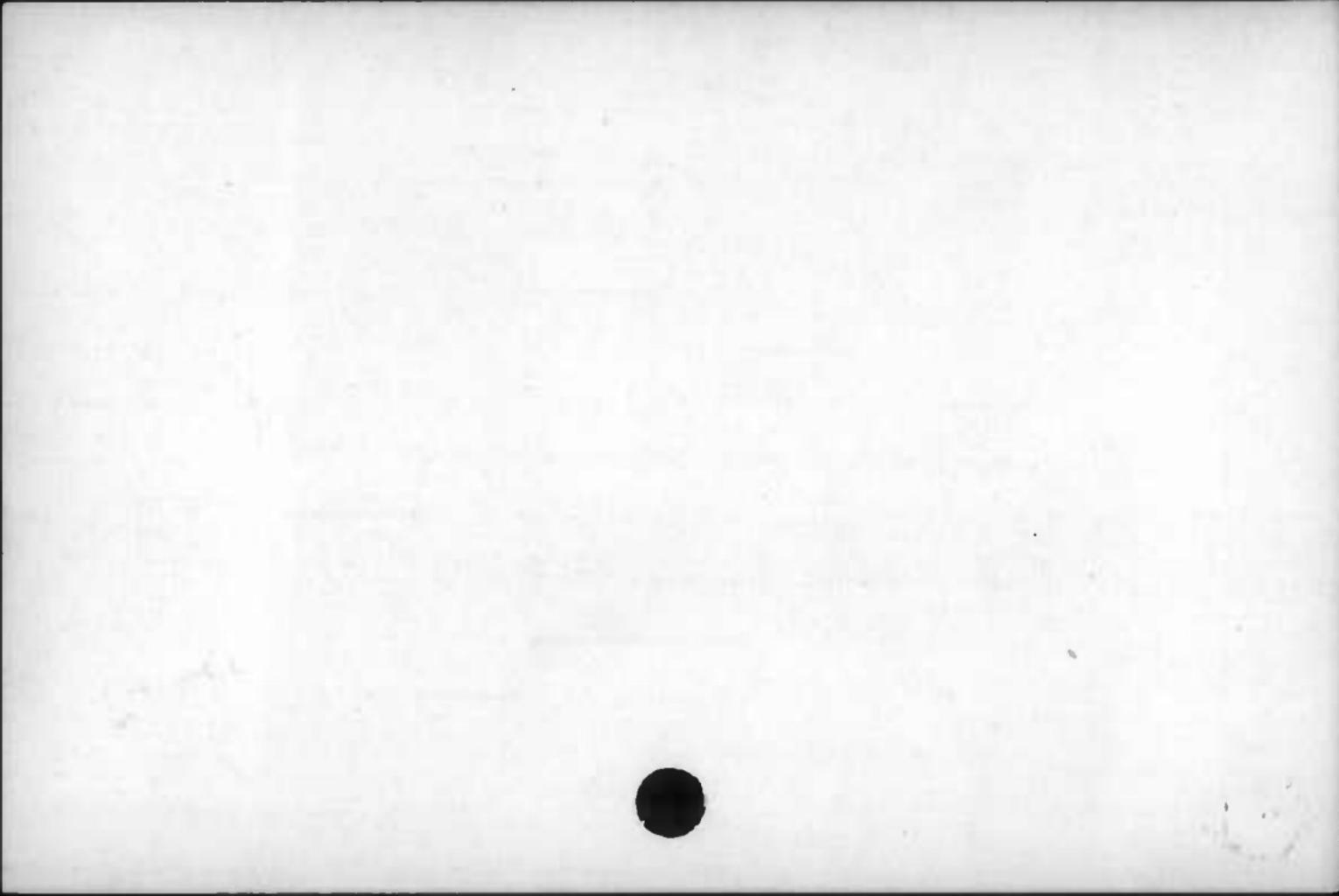
J.T. Payne
Phoenix

Yes

Accident or Suicide?

1

10



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
or CORONER

Margaret King

Town
Phoenix

County
Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at Phoenix Date of death 1960 Month 1 Day 21 Age 84 Years — Months — Days —

Sex Female Color or Race White Birth-place Near Phoenix

Occupation House Keeper Where Residing if not at place of death —

Married, Single
~~or Widowed~~

Name of Wife or Husband —

Father's Name

Thomas King

Father's Birthplace

Ireland

Mother's Maiden Name

Jane Wilson

Mother's Birthplace

Near Phoenix

Name of person giving information

Lydia Sims

How related to deceased

Niece

CAUSES OF DEATH

Primary

Infirmities of Old Age

154)

How long

Immediate

Found dead in Bed

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

J. T. Payne
Phoenix

Address

Yes

Accident or Suicide?



Name

In
Full

Burkegard T. Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	8 -
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Westport	
Father's Name	John E. Kirby	Father's Birthplace	W. Va
Mother's Maiden Name	Grace Wilhel	Mother's Birthplace	Balto
Name of person giving information	John E. Kirby	How related to deceased	Father

CAUSES OF DEATH

76

How long

10 days

Primary

Otitis media

Immediate

Cerebral spinal meningitis

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

William

Mt. Winans

Md. 13

Accident or Suicide?

Holy Cross Cemetery

A. A. Co. m/s

F. A. Krause & Bro

Name
in
Full

Birteen E. Koerner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Jacksonville	County	MARYLAND
Date of death	Month	Day	Years
1910	Jan.	5 th	Age 12
Months	3	Days	3
Sex	male	Color or Race	white
Occupation	none	Where Residing if not place of death	jacksonville, Md.
Married, Single or Widowed	single	Name of Wife or Husband	—
Father's Name	John B. Koerner	Father's Birthplace	Germany
Mother's Maiden Name	Augusta Bergman	Mother's Birthplace	Germany
Name of person giving Information	John B. Koerner	How related to deceased	Father

CAUSES OF DEATH

Primary

Heart disease

How long

3 years

Immediate

Typhoid Fever

How long

26 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of Physician

Thos. H. Emory M.D.

Address

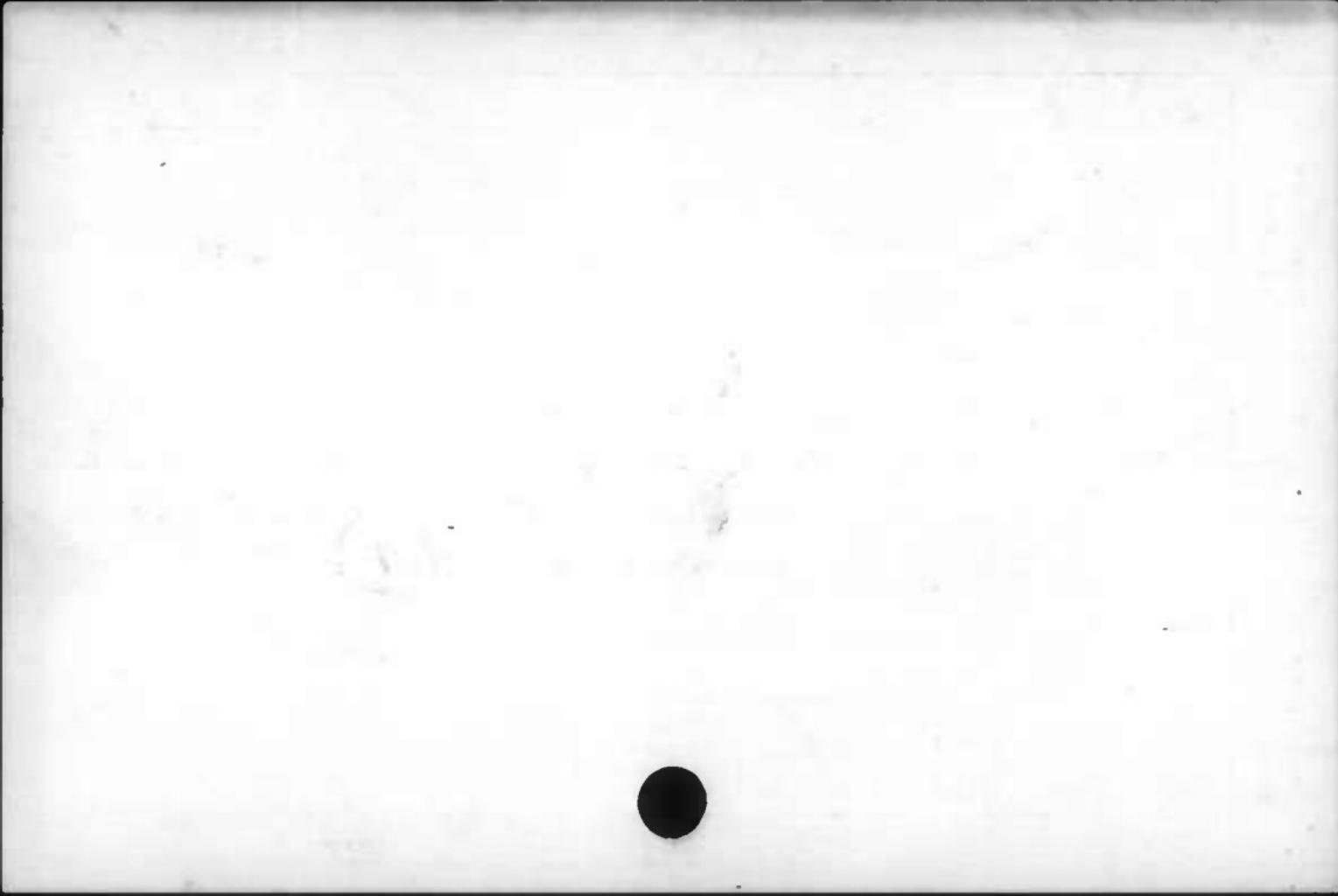
Montgomery

10

Accident or Suicide

no





Name
in
Full

Agnes Elizabeth Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Balto	Month	Days	
Date 1910 of death 150	1	1	1	24
Age 19 yrs	Years	Months	Days	
Sex Female	Color or Race White	Birth-place	Balto	
Occupation Housewife	Where Residing if not at place of death Hilandtown			
Married, Separated or Widowed — Married	Name of Wife or Husband Bartholomew Lane	Father's Birthplace	Balto	
Father's Name Joseph P. Cunningham	Mother's Birthplace	Balto Co		
Mother's Maiden Name Carrie P.M. Dailey	How related to deceased Father.			
Name of person giving Information Joe P. Cunningham				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Intuberculosis - Pulmon.	How long	10 mos.
Immediate	General & exhaustion	How long	1 month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Superior Boarding

1258 Broadway

12

Accident or Suicide?

1

St. Mary's Cem
Jan 4/900.
Wm Cook
5098 North Dr.

Name
in
Full

Robert Lehmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Pikesville			County	Baltimore		
Died at	Month	Day	Years	Month	Days		MARYLAND
Date of death 1960	1	20	Age 76	—	—		
Sex Male	Color or Race	White	Birth-place	Lehmann			
Occupation Old soldier	Where Residing if not at place of death			Pikesville			
Married, Single or Widowed Married	Name of Wife or Husband	Do Not Know					
Father's Name	Do Not Know			Do Not Know			
Mother's Meldan Name	Do Not Know			Do Not Know			
Name of person giving Information	W.A. Larboe			How related to deceased			"None

CAUSES OF DEATH

Primary Senile Degeneration
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

154

How long

How long

don't know
I work
NOEMM
Persianae Mrs.

Accident or Suicide



undertaker

Hillinger

Linthicum Cemetery

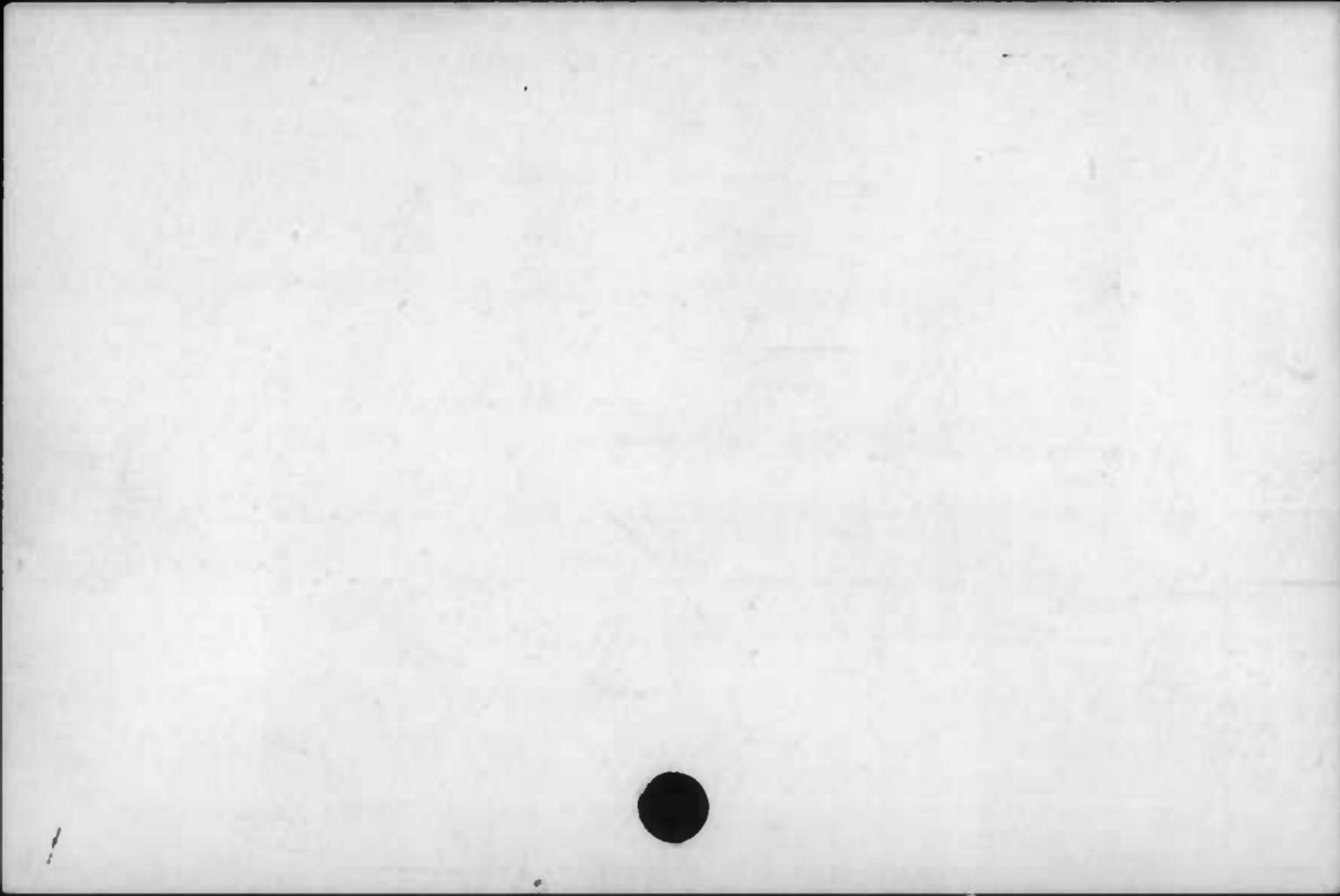
Howard Co

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

P H Y S I C I A N
C O R O N E R

Louis Charles Leismann					CERTIFICATE OF DEATH	
Died at Catonsville.		Town	County Baltimore Co.		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1910	Jan.	Wed. 26	37		June	
Sex	Male	Color or Race	White		Birth-place	Conn.
Occupation	Delivery man			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Lottie Leismann.		Father's Birthplace	Conn.
Father's Name	Louis Leismann.				Mother's Birthplace	Conn.
Mother's Maiden Name	Lukusowich.				How related to deceased	Son
Name of person giving information	Lottie Leismann					
CAUSES OF DEATH						
Primary	Pulmonary Tuberculosis			27	How long	1 year
Immediate	Exhaustion				How long	two months
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Arthur Hansen.	
No				Address	Catonsville Health Office, Catonsville, Md.	
Accident or Suicide?						



Name
in
Full

Lorinda Logan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1900	June	17	69		7	14
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	Store		Where Residing if not at place of death	304 So Highland Ave		
Married, Single or Widowed	Married	Name of Husband	James Logan			
Father's Name	James C Carter		Father's Birthplace	Va		
Mother's Maiden Name	Saliee Duran		Mother's Birthplace	Austin		
Name of person giving information	Mrs G E Endman		How related to deceased	Daughter		

CAUSES OF DEATH

Primary

Chronic Dysentery

14

How long

5 yrs

Immediate

Chronic Bronchitis

How long

5 da

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. Dachliader MD
321 H St Baltimore

Accident or Suicide?

12

Robert Brooks & Son

London Park Cem. 119-10

Name
in
Full

Martha Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Do Not Know		
Father's Name	Nancy Sleet		Father's Birthplace	va.
Mother's Maiden Name	Anna F. Tilleh		Mother's Birthplace	va
Name of person giving Information	Margaret E. Blake		How related to deceased	sist'r

CAUSES OF DEATH

42

Primary

Carcinoma of uterus Recurrent

How long

6 months

Immediata

Recurrence

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

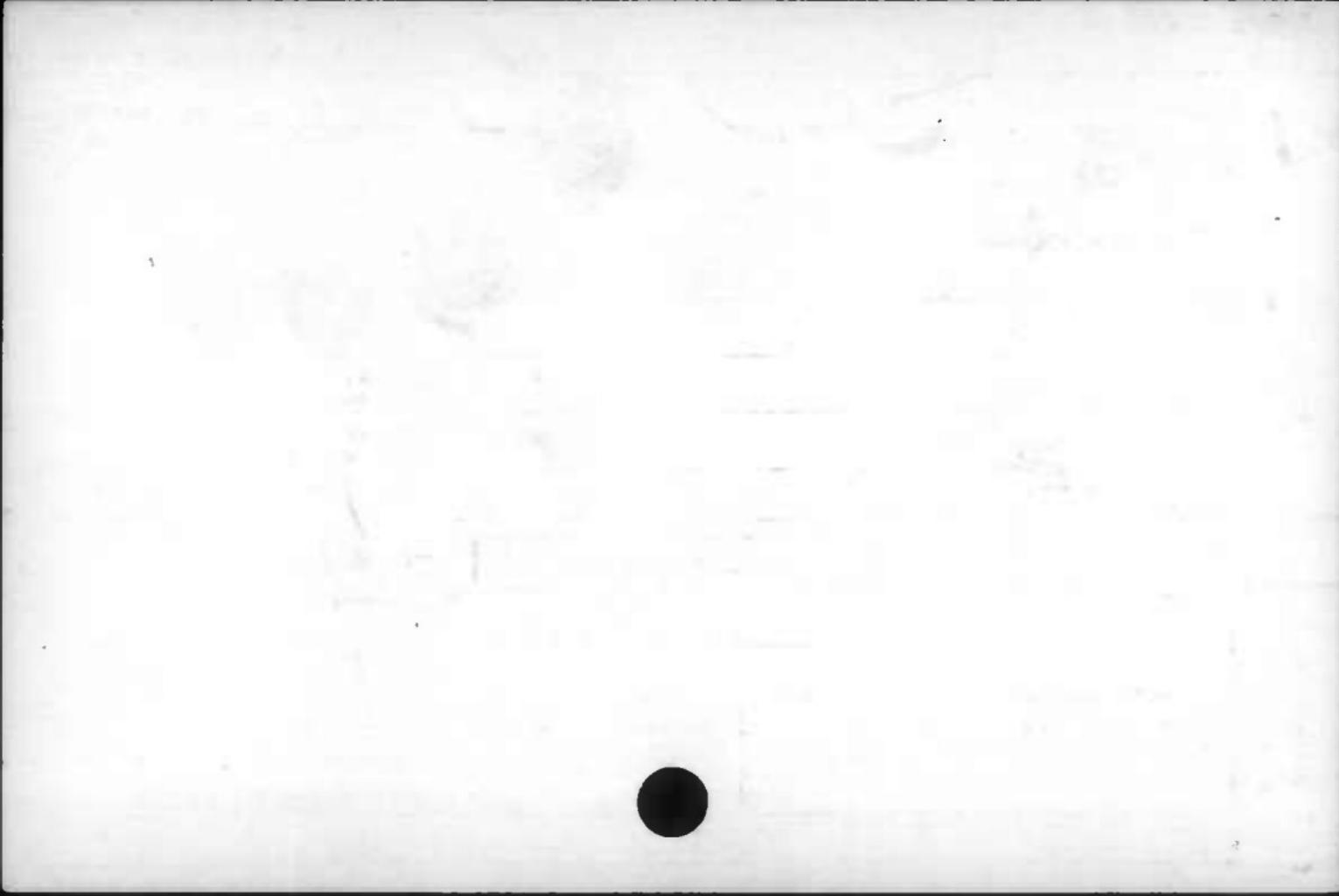
Address

Harry Gross M.D.
1340 Charles St.

PHYSICIAN
OR CORONER

I

Accident or Suicide



Name
in
Full

Albert Thomas Lorn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Cockeysville Md	
Occupation	Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or _____ of Eleanor Jackson					
Father's Name	Geo Lorn					
Mother's Maiden Name	Francis Presbury					
Name of person giving Information	Francis Lorn Lorn					

CAUSES OF DEATH

113

How long

12 months

Primary

Cirrhosis of Liver

Immediate

Toxamia (Hepatic)

How long

3 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. D. D. Pearson

Cockeysville Md

Accident or Suicide?

No

Funeral at Sherwood

20th

N. C. Brooks

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Laura Lyons				CERTIFICATE OF DEATH			
Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Month	Days		
10	1	31	40	13	11		
Sex	7.	Color or Race	B	Birth-place	Md		
Occupation	Cook			Where Residing if not at place of death	above		
Married, Single or Widowed	Name of Wife or Husband			Albert Lyons			
Father's Name	Wm. Solder			Father's Birthplace	Md		
Mother's Maiden Name	Annie Gruber			Mother's Birthplace	Md		
Name of person giving information	Mother			How related to deceased	Daughter		

CAUSES OF DEATH

79

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

John H. Stoddard
142 N Hill St

moved to 203 W Henrietta St

Name
in
Full

Peter F. McCauley

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Gowans town</i>	County <i>Baltimore</i>	MARYLAND		
Date of death	Month <i>1940 Jan</i>	Day <i>19th</i>	Years <i>Age 58.</i>	Months	Days
Sex	Male	Color or Race <i>white</i>	Birth-place <i>Baltimore Co Md</i>		
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>Gowans town</i>		
Married, Single or Widowed	Name of Wife or Husband <i>—</i>				
Father's Name	<i>Peter McCauley</i>		Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name	<i>Catherine Murphy</i>		Mother's Birthplace <i>Ireland</i>		
Name of person giving Information	<i>Annie C Richards</i>		How related to deceased <i>Sister</i>		
CAUSES OF DEATH					
Primary	<i>Pneumonia</i>		How long <i>92</i>		
Immediate	<i>Exhaustion</i>		How long <i>8 days</i>		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <i>E. L. Deacon</i>		
			Address <i>Gowans town Md</i>		

PHYSICIAN
OR CORONER

I

Accident or Suicide?

St Mary's Cemetery
Gowans
H. C. Widdifield
914 Greenmount Av
Jan 22/10

Name
in
Full

McB Eliza McCullough
Town Pikesville County Baltimore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pikesville Month 1 Day 17 Years 66 Months — Days —
Date of death 1906 Sex Female Color or Race White Birthplace Md
Occupation Housewife Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband John McCullough
Father's Name W. Cook Father's Birthplace Md
Mother's Maiden Name Cook Mother's Birthplace Md
Name of person giving Information Jesse McCullough Son How related to deceased

CAUSES OF DEATH

Primary

Pneumonia

93

How long

3 days.

Immediate

Cardiac failure.

How long

20 minutes.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

McCullough -
Arlington

1

Accident or Suicide

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Hugh McGrane

CERTIFICATE OF DEATH

Town Died at	Sparrows Point	County Baltimore	MARYLAND
Date of death	Month 19010 Jan.	Day 30	Years Age 28
Sex	male	Color or Race	white
Occupation	Where Residing if not at place of death Sparrows Point		
Married, Single or Widowed	Single	Name of Wife or Husband	—
Father's Name	unknown	Father's Birthplace	unknown
Mother's Maiden Name	Unknown	Mother's Birthplace	unknown
Name of person giving Information	no one	How related to deceased	—

CAUSES OF DEATH

Primary

Acute Alcoholism

93

How long

1 week

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

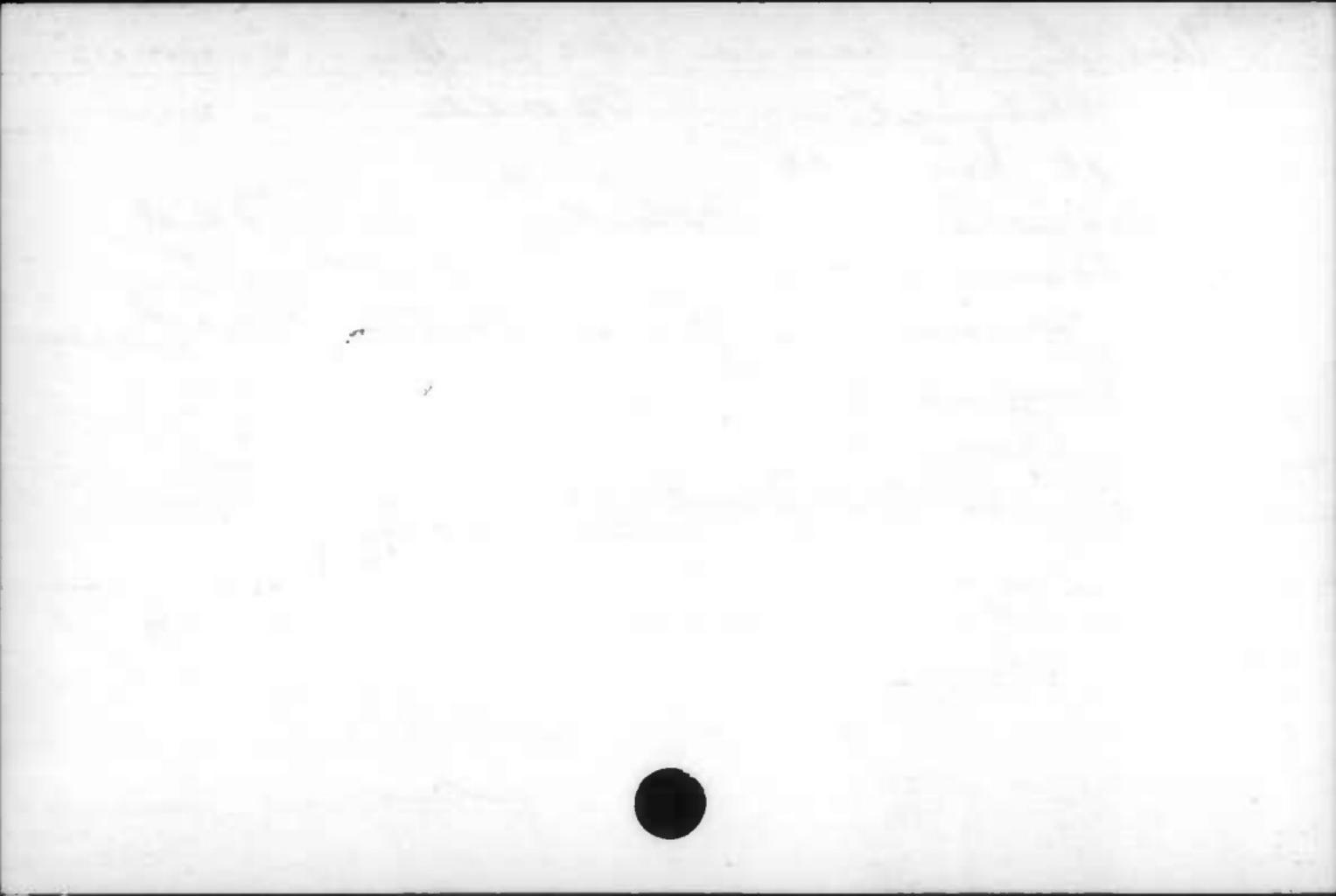
Signature of
Physician

Address

G. McCormick M.D.
Sparrows Point
Md.

Accident or Suicide

no



Name
in
Full

Wreth Rebecca McLaren

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed.	Married Name of Wife or Husband	Arlington			
Father's Name	Robert Watson McLaren			Father's Birthplace	Md.
Mother's Maiden Name	Anna Parish.			Mother's Birthplace	Md.
Name of person giving Information	Robert Sinclair.			How related to deceased	Son.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Albennurumma

120

Immediate

Kremin

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

years

How long

2 of hr.

H.W. Cap. M.D.

Arlington
Md. 2

Accident or Suicide?

Instrument at Stone
chapel.

Jan. 15, 1908.

Wm Cook
502 E. Fairlawn

Name
In
Full

Nora Catherine McNally

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Franklintown

Town

County

Ballo

MARYLAND

Date
of death

1910

Month

Jan

Day

4

Years

1

Months

8

Days

23

Sex

Female

Color or
Race

white

Birth-
place

Ballo Co

Occupation

Where Residing if not
at place of death

Married, Sing
or Widowed

Single

Name of Wife or
Husband

Father's
Name

James Mc Nally

Father's
Birthplace

Ireland

Mother's
Maiden Name

Mary J Louer

Mother's
Birthplace

Balto Co.

Name of person giving
Information

James Mc Nally

How related
to deceased

Father

CAUSES OF DEATH

Primary

Whooping Cough

8

How long

3 weeks
1 day

Immediate

Convulsions

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

P.C. Sumpf
West 5th St

PHYSICIAN
OR CORONER

Accident or Suicide?

Joseph B. Cook.
St Agnes Cemetery

Name
in
Full

Mahool, James.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND.

Died at Steppard Field Hosp. Down.

Town County
Baltimore

MARYLAND

Date of death 1960 Jan.

Month Day
3. Age 52

Years Months Days
10 —

Sex Male

Color or Race White

Birth place Frankinville, Md.

Occupation Clerk.

Where Residing if not
at place of death 1007 Md. av. Balto.

Married, Single
or Widowed Married

Name of Wife or
Husband Adele Boyle Mahool

Father's Name James Mahool

Father's Birthplace Maryland

Mother's Maiden Name Fannie Hammond

Mother's Birthplace Maryland

Name of person giving
Information Mr. J. Barry Mahool

How related
to deceased Brother

Primary

Chronic Nephritis; Cirrhosis Liver.

120
How long 2 yrs.

Immediate

Uremia.

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Edward M. Bush
Steppard & Lusk, Drs.
Hosp. A

I
or
CORONER

Yes.

Accident or Suicide

2638 L. Chan. St

E. Madison Mitchell
1201 N. Fayette St
To. Druid Ridge Cemetery

Name
in
Full

George Henry Masenore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER

Died at	Town	County	MARYLAND		
Date of death 1960	Month Jan	Day 27	Age 72	Years	Months 7 Days 19
Sex Male	Color or Race White	Birth-place Rayville, Md.			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Mary Elizabeth Masenore	Father's Name Theodore Masenore	Father's Birthplace Penn.		
Mother's Maiden Name Delilah Rodgers		Mother's Birthplace Penn.	Daughter		
Name of person giving Information Fusie Malibey		How related to deceased			

CAUSES OF DEATH

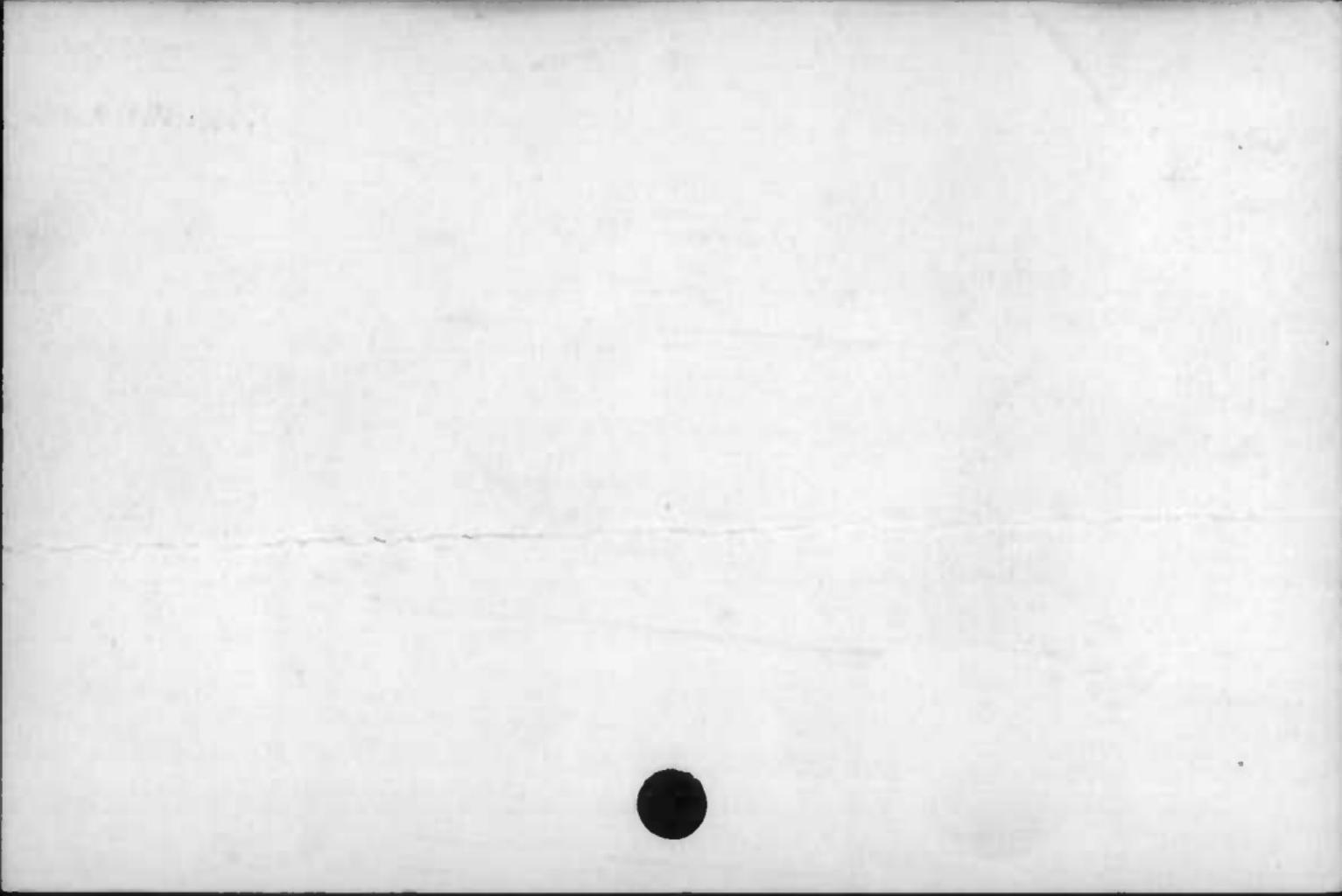
65

Primary	Softening of Brain	How long 8 to 10 Weeks
Immediate	Inspiration, Paralysis & Convulsions	Two weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician A. R. Mitchell

Address

Maryland, Md.

Accident or Suicide?



Name
in
Full

Millard C. Mast

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Glenarm	Baltimore	Baltimore	
Date of death	Month	Day	Years
1910	Jan.	7	2
Age	Months	Days	
	10	25	
Sex	Male	Color or Race	white
Occupation	Where Residing if not at place of death		
None			
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Father's Birthplace		
Clarence Mast	Balto. Co.		
Mother's Maiden Name	Mother's Birthplace		
Lillie M. Carter	" "		
Name of person giving information	How related to deceased		
Clarence Mast			

CAUSES OF DEATH

Primary	Broncho-Pneumonia	How long
Immediate	Heart Failure	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

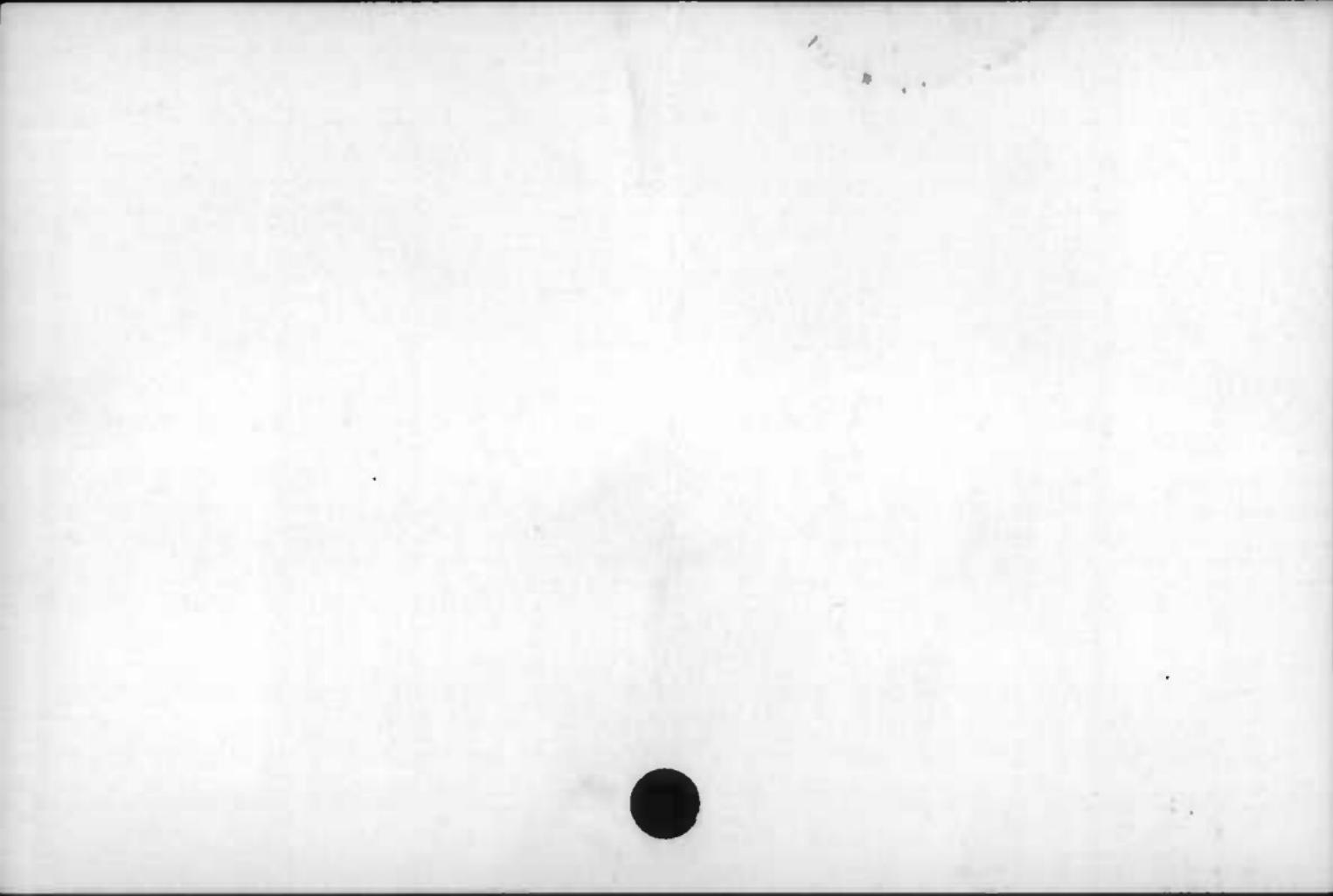
Address

Monro B. Green
Gittings Balto Co.
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER





Name
in
Full

Sedwick Howard Matthew Bassett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County				
Roxonville	Baltimore					
Date of death 1910	Month July	Day 4	Age 60	Years	Month 3	Days 12
Sex male	Color or Race white	Birth-place	Frederick			
Occupation Chas	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name Ted Matthew	Father's Birthplace Germany					
Mother's Maiden Name Frances Halverson	Mother's Birthplace Md					
Name of person giving Information Ted Matthew	How related to deceased Father					

CAUSES OF DEATH

Primary

Congestion of lungs - from heart

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Howard Bassett Md
Middle River Md

94

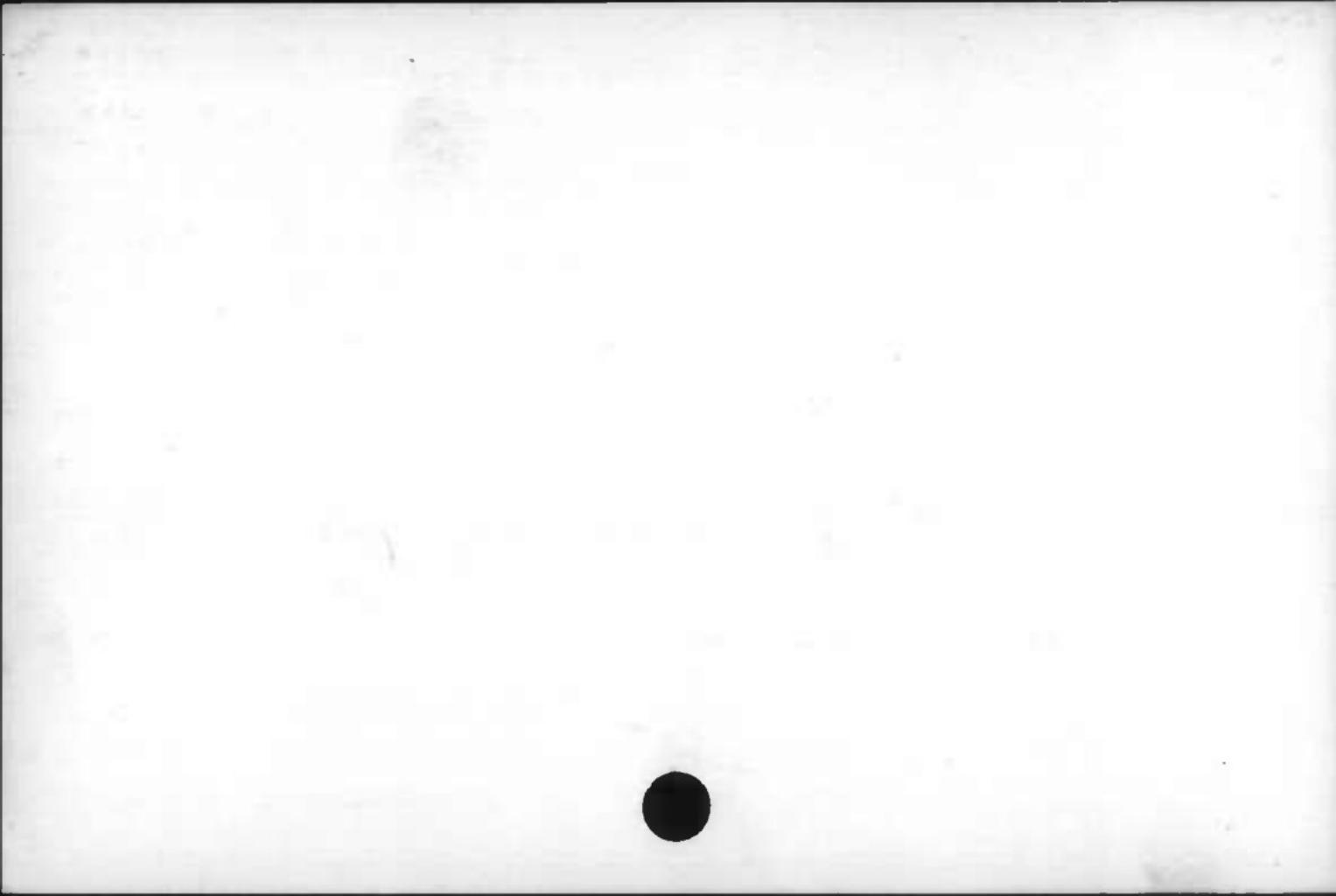
How long

How long

PHYSICIAN
OR CORONER

I^o

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

George Thomas Matthews.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1940	Month Jan.	Day 15	Years 2	Months	Days 25
Sex Male	Color or Race White	Birth-place Parkton Md			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Clarence Matthews	Father's Birthplace Rayville				
Mother's Maiden Name Annie Bull	Mother's Birthplace Rayville				
Name of person giving information Clarence Matthews	How related to deceased Father				

CAUSES OF DEATH

⑨

Primary

Diphtheritic Croup

4 days

Immediate

Acute Nephritis & Dropsy

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

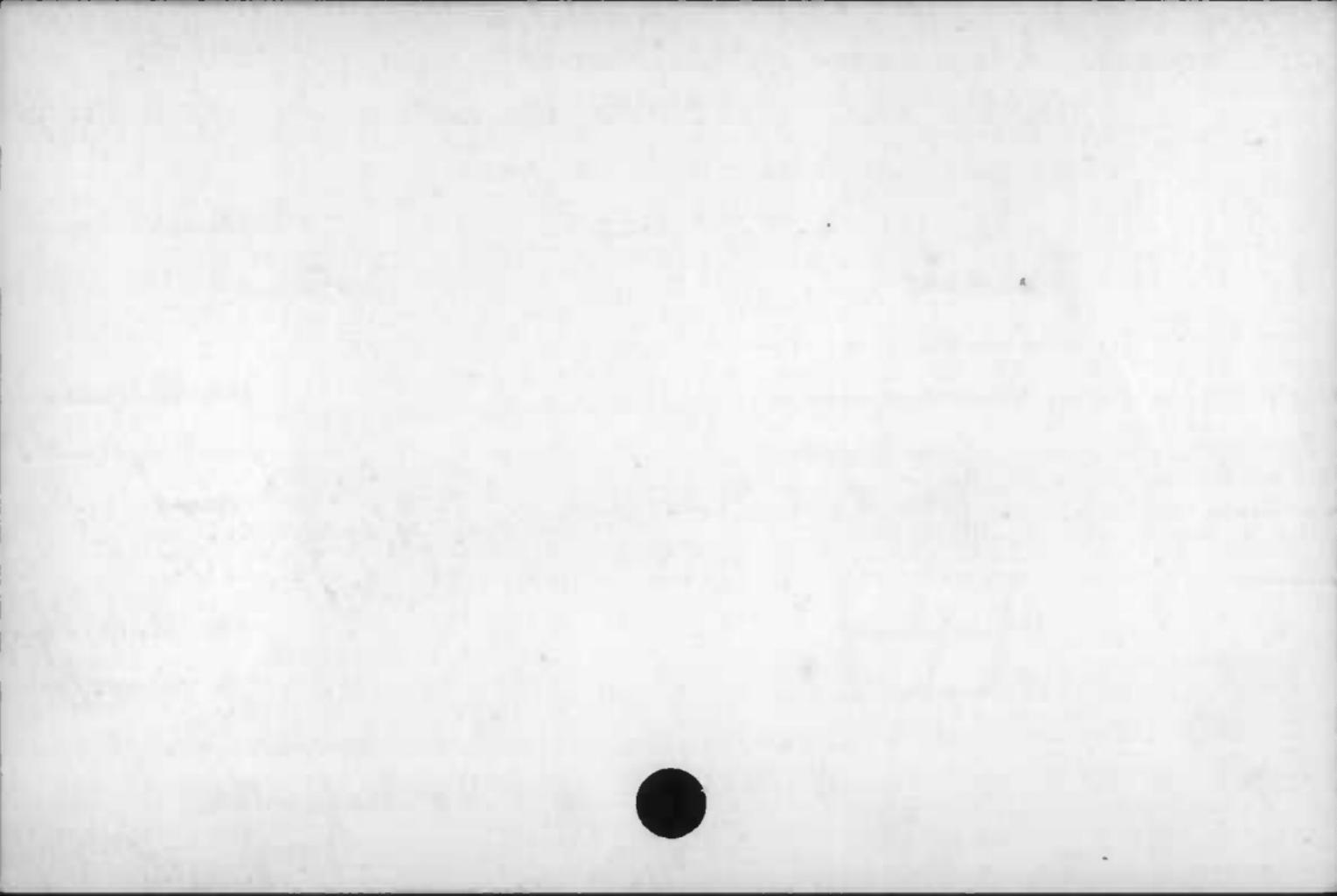
R. R. Morris

Address

Parkton

Md

Accident or Suicide?



Name
in
Full

Louis Stevenson Matthews

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1940	Month	Day	Years	Months Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place	Baltimore County
Occupation	Laborer Ashland			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Single Mother unknown Father's Birthplace unknown			
Mother's Maiden Name	unknown Mother's Birthplace unknown			
Name of person giving Information	Mrs Pietro Palagiano How related to deceased now			
CAUSES OF DEATH				
Primary	64 How long 18 hours			
Immediate	Cerebral hemorrhage How long 16 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	B. R. Benson Jr. M.D.	
		Address	Cockeysville Md	

PHYSICIAN
CORONER



Accident or Suicide?

John Burns Sons
Towson

Interment at

John Hopkins

Name
in
Full

Rosa May

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at -

Town

Canton

County

Baltimore.

MARYLAND

Date
of death

190

Month

1

Day

19

Years

58

Months

5

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

Housewife

Where Residing if not
at place of death

3512 Hudson St.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Henry

May.

Father's
Name

Don't Know

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Germany

Name of person giving
Information

Henry May

How related
to deceased

Husband.

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

About 4 mos.

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Dr. F. A. Glantz
3244 Eastern Ave.

PHYSICIAN
OR CORONER

1

Accident or Suicide

Gilly ^{3rd} Griles
403 S. Wolfe St.

Schwartz's cemetery
Jan. 22nd /10

Name
in
Full

adolph A. Meeslein

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hanover	Baltimore			
Date of death	Month	Day	Years	Months	Days
of death 1960	June	12	Age 64	3	X
Sex	Male	Color or Race	77 white	Birth-place	Combs George, Md
Occupation	Merchant				
Married, Single or Widowed	Where Residing if not at place of death				
Father's Name	James Meeslein				
Mother's Maiden Name	Maria Willis				
Name of person giving information	George H. Meeslein				

CAUSES OF DEATH

99

How long

Primary

bronchitis tracheitis

6 days

Immediate

general failure of vital organs

4 hrs

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. E. Benson

Address

Rockville

MD 20859

Accident or Suicide?

No

Place of burial, Greenmount Cemetery, Baltimore.
Undertakers, Henry W. Mears & Son, Baltimore.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

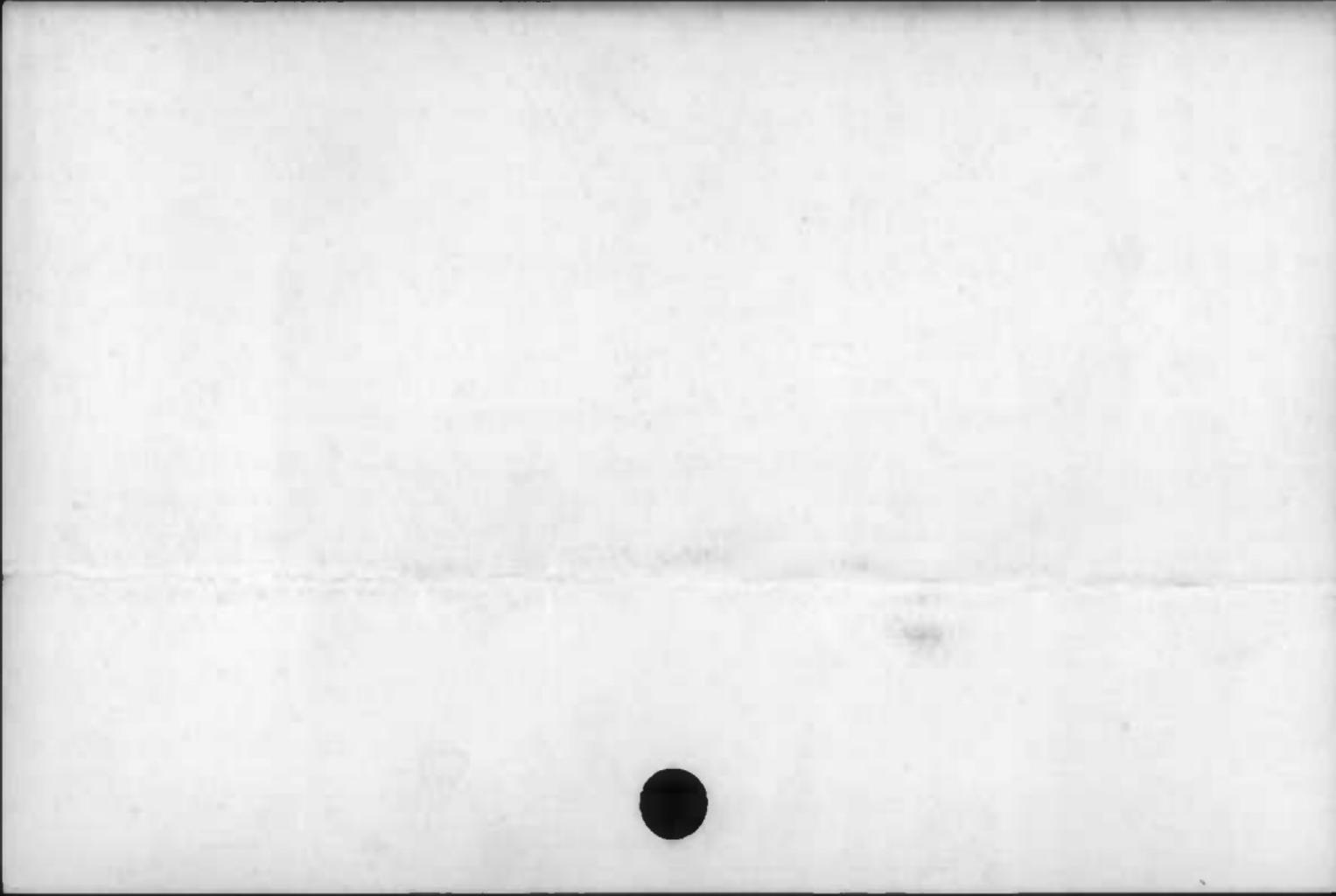
Effie Almory Meredith

CERTIFICATE OF DEATH

Died at		Town <u>Balto White Hall</u>	County <u>Balto</u>	MARYLAND		
Date of death 19	Month 10 Jan	Day 21	Years Age 57	Months 10	Days 26	
Sex Female	Color or Race White				Birth- place Balto. Co.	
Occupation Housewife	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Husband Emerson	Meredith			Father's Birthplace Balto. Co.	
Father's Name C. L. Almory				Mother's Birthplace York. Co.		
Mother's Maiden Name Adeline Quigley				How related to deceased Aunt.		
Name of person giving Information J. V. Almory						

CAUSES OF DEATH

Primary Endocarditis	78	X
Immediate Endocarditis	18 month	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Willard Stirling	
	Address Shane	MD
Accident or Suicide?		



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Daniel S. Michael

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Separated, Widowed	Name of Wife or Husband	Annies Michael	
Father's Name	Jacob Michael		
Mother's Maiden Name	Elizabeth Fout		
Name of person giving information	Annies Michael		

CAUSES OF DEATH

93

How long

3 days.

3 days.

Primary

Pneumonia

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Ruglann
mt couraus
md. 13

Accident or Suicide?

Interment at Lodi
Park Jan. 8/980.

Lower Coast
502 E. Fairlaw.

Name
in
Full

Geo. W. Montgomery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Kingsville

Town

County

Balto

Date
of death

19~~8~~0

Month

Jan 25

Day

Years

66

Months

Days

Sax

Male

Color or
Race

White

Birth-
place

Fork Balto Co.

Occupation

Blacksmith

Where Residing if not
at place of death

St. Paul

Married, Single,
or Widowed

Name of Wife or
Husband

May, E. Montgomery

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

May, E. Montgomery

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Cancer of Intestines

41

How long

one year

Immediate

Cancer of bowels -

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. F. & Sons -

Fork Md 11

PHYSICIAN
OR CORONER



Accident or Suicide



Name
in
Full

Virginia A Morsell.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Catonsville

Month

Jan

Day

24

County

Balto

MARYLAND

Date
of death

1910

Year

Age

36

Month

Days

14

Sex

female

Color or
Race

Colored.

Birth-
place

New York City

Occupation

Housewife.

Where Residing if not
at place of death

Catonsville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Wm J Morsell

Father's
Birthplace

Canada

Father's
Name

Joshua Howard.

Mother's
Birthplace

Balto City

Mother's
Maiden Name

Almaia R. Hitchens

How related
to deceased

Husband.

Name of person giving
Information

Wm J Morsell.

27

How long

1 yr

How long

2 mos

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis
Asthenia

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Marshall B. West.

Catonsville, Md.

PHYSICIAN
OR CORONER

1

Accident or Suicide

John H Owens & Son
132 Division St.
Laurel Creek. Calif Co.

Name
in
Full

Charles William Mules

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Halithorpe	Baltimore		
Date of death	Month	Day	Month
1960	Jany	19	10
Age	Years	Days	
46		15	
Sex	Color or Race	Birth-place	
Male	White	Maryland	
Occupation	Where Raising if not at place of death		
Painter	Halithorpe		
Married, Single or Widowed	Name of Wife or Husband		
	Catherine Lee Mules		
Father's Name		Father's Birthplace	
Thomas Mules		Maryland	
Mother's Maiden Name		Mothar'a Birthplace	
Sarah Ann Tucker			
Name of person giving Information		How related to deceased	
Mrs. C. W. Mules		Wife	

CAUSES OF DEATH

Primary

Mitral regurgitation (Rheumatism)

Immediate

Nephritis (Secondary) Cardiac dilatation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

79

How long

1 year

How long

2 months

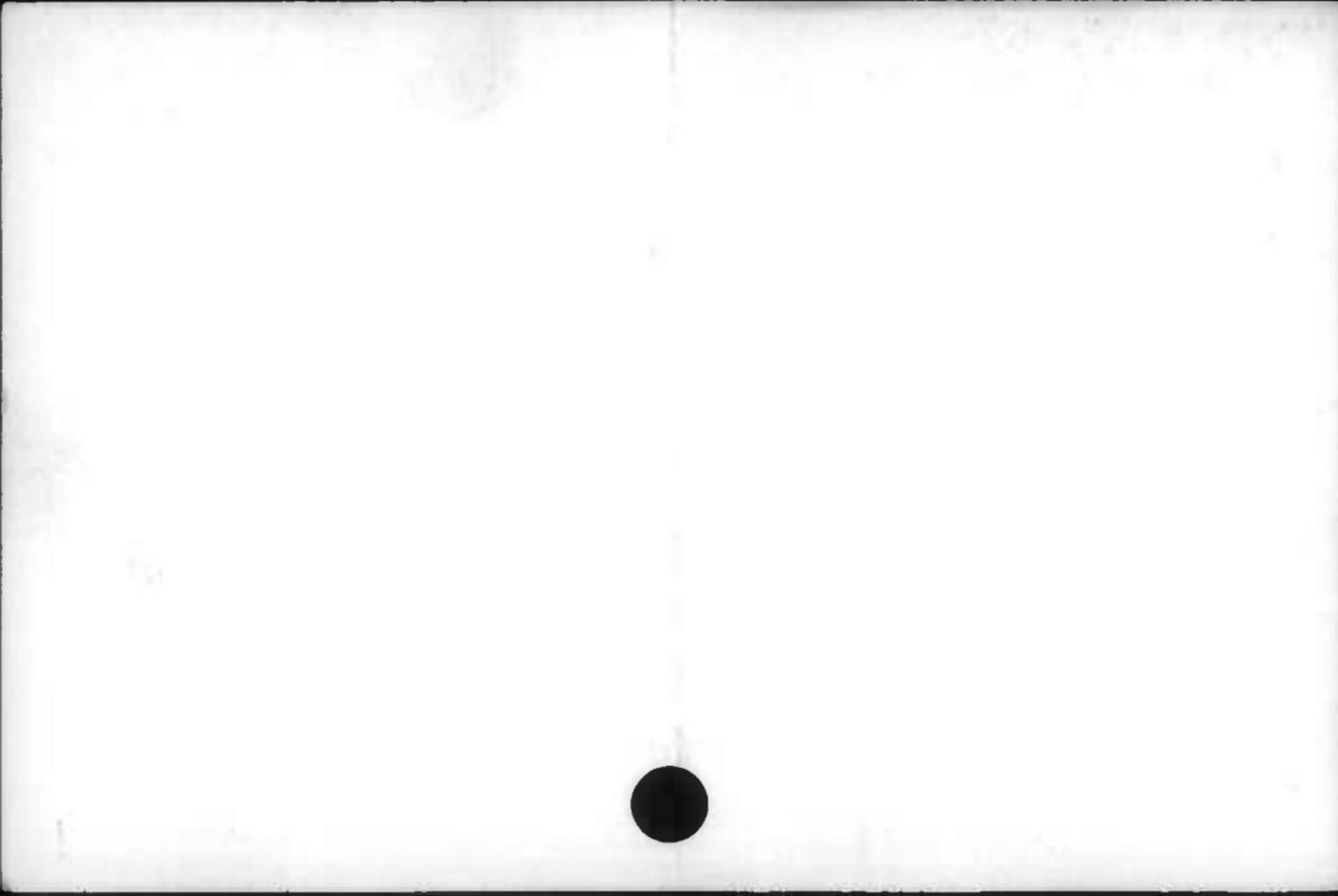
R. Eareckon

Eek Ridge, Ma.

PHYSICIAN
OR CORONER



Accident or Suicide



Name
in
Full

Rev. Father W. G. Read Mullan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at	St Agnes Hosp.	Baltimore				
Date of death	1910 January 25	Month Day	Age	Years	Months	Days
Sex	Male	Color or Race	49	11	27	
Occupation	Religious		Where Residing if not at place of death			
Married, Single Widowed	Single		Name of Wife Husband			
Father's Name	Jonathan Mullan			Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Mullan			Mother's Birthplace	Ireland	
Name of person giving information	Rev. Jos. J. McHugh, C.S.C.			How related to deceased	Uncle	

CAUSES OF DEATH

79

How long

2 yrs +

How long

Sudden

Primary

Chronic Nephritis! Nitral Insufficiency

Immediate

Acute Dilatation of Heart

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Allen Graham M.D.

Address

St Agnes Hospital

Accident or Suicide?

No.

Henry W. Fergusson & Son
McCulloch Orchards
Hoosick College
Hoosick & Co. N.Y.

Name
in
Full

Susanna Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Gorans town	Baltimore				
Date of death 1900	Month Jan	Day 3	Years 54	Months —	Days —
Sex Female	Color or Race white	Birth-place Maryland			
Occupation None	Where Residing if not at place of death Gorans town Md				
Maided Single or Widowed	Name of Wife or Husband Andrew Murphy				
Father's Name unknown	Father's Birthplace same				
Mother's Maiden Name unknown	Mother's Birthplace same				
Name of person giving Information Mrs. Kate Register	How related to deceased Daughter				

CAUSES OF DEATH

Primary

Paralysis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

66

How long

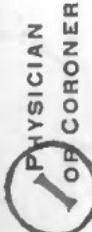
5 days

48 hours

E. M. Duncan
Gorans town

Md J

Accident or Suicide



Robt S. Turner
Sandown Park.

Name
in
Full

John Vaelgele

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 19	Month	Day	Years	Months Days
Sex	Male	Color or Race	Age	2
Occupation	none	Where Residing if not at place of death	Birth-place	Bordenville Balt. Co.
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace	Bermary
Father's Name	John Vaelgele	Mother's Birthplace	Bermary	
Mother's Maiden Name	Amelia Kreager	How related to deceased	Father	
Name of person giving Information	John Vaelgele			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pertussis

8

How long

6 weeks (?)

Immediate

Double Lobar Pneumonia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. Z. Miltimore

Address

Roseburg, Md.

Accident or Suicide

Deaths

Geo. Schilling & Sons
Monument & Aequith St

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Franklin E Nash

Town City
Died at Texas Md Balto.

CERTIFICATE OF DEATH

MARYLAND

Date Month Day Years Months Days
of death 1960 Jan. 13 2 1/2

Sex male Color or Race Welsh
Occupation - Birth-place Texas Md

Where Residing if not at place of death Texas

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Eph. E. Nash

Father's Birthplace Texas Md

Mother's Name Maggie Grubman

Mother's Birthplace Texas Md

Name of person giving information Wm. C. Coffey

How related deceased

Sister

CAUSES OF DEATH

Primary

Pneumonia.
Meningitis

93

1 day,

Immediate

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

B.F. Bursley
Lebanon Md

Accident or Suicide?

Funeral Saturday
at Texas

W. C. Brooks

Name
in
Full

Herman Witsche

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Ellicott City

County
Baltimore

MARYLAND

Date
of death

19⁴⁰ Month
Jan Day
11

Years

Months

Days

Sex

Male

Color or
Race

Age

47

Birth-
place

Germany

Occupation

Laborer

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Dennis Casey

How related
to deceased

adult

was found along United Railway tracks near Ellicott city.

CAUSES OF DEATH

Primary

Fracture of skull

causes unknown

How long

175

Immediate

Shock.

(Causes unknown
to injury)

How long

36 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Frederick L Bahadur Jr.

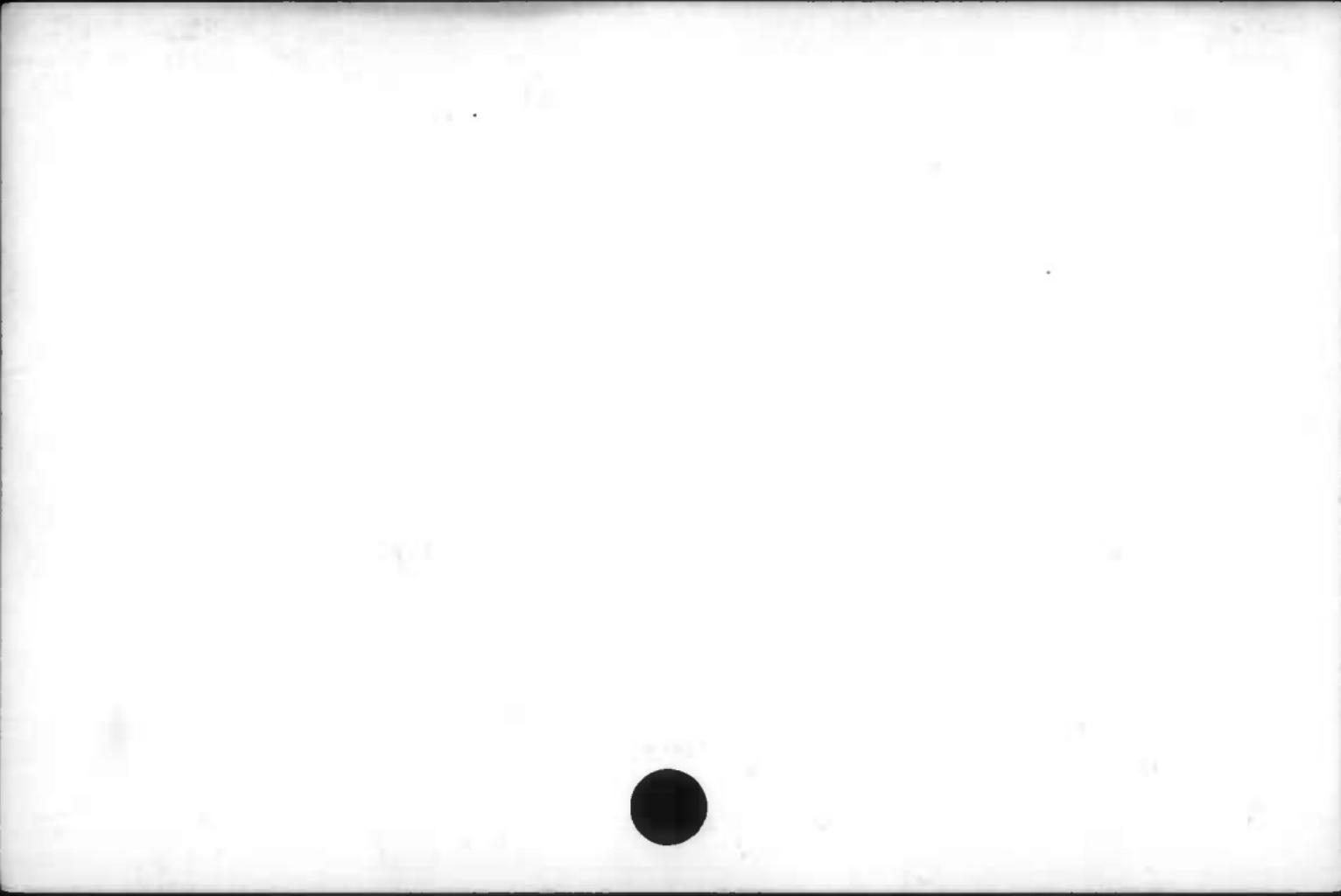
Coroner
Lawnsville Md.

PHYSICIAN
OR CORONER



Accident or Suicide

Supposed Accident



Name
in
Full

Rosetta Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Fowles		Baltimore			
Date of death	Month	Day	Years	Months	Days
190	January	5 th	Age	7	28
Sex	Female	Color or Race	Black	Birth-place	Fowles
Occupation	Housewife	Where Residing if not at place of death	Fowles		
Married, Single or Widowed	Single	Name of Wife or Husband	Wife	Father's Birthplace	Washington County
Father's Name	Carrie Tolson				
Mother's Maiden Name	Jack		Mother's Birthplace	Carroll Co	
Name of person giving information	Sara. Tolson		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease

(89)

How long

6 months

Immediate

80

How long

60

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

L. P. Garrett

Fowles

1

Death or Suicide

John Burns & Sons
Towson

Interment in
Sandy Bottoms
Cemetery
Jan. 11th, 1966

Name
in
Full

Benjamin F. Numbers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ringsville Town Bath. County
Date of death 1950 Month Jan Day 18 Years 83 Months _____ Days _____
Sex male Color or Race white Birth-place Md.
Occupation Carpenter Where Residing if not at place of death
Married, Single or Widowed Name of Wife or Husband Catherine L. Numbers
Father's Name James Numbers Father's Birthplace Md.
Mother's Maiden Name Unknown Mother's Birthplace Unknown
Name of person giving Information Miss. Susie Numbers How related to deceased Daughter

CAUSES OF DEATH

Primary

Grippa
Paralysis

10

How long

Immediate

✓ X

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

How long

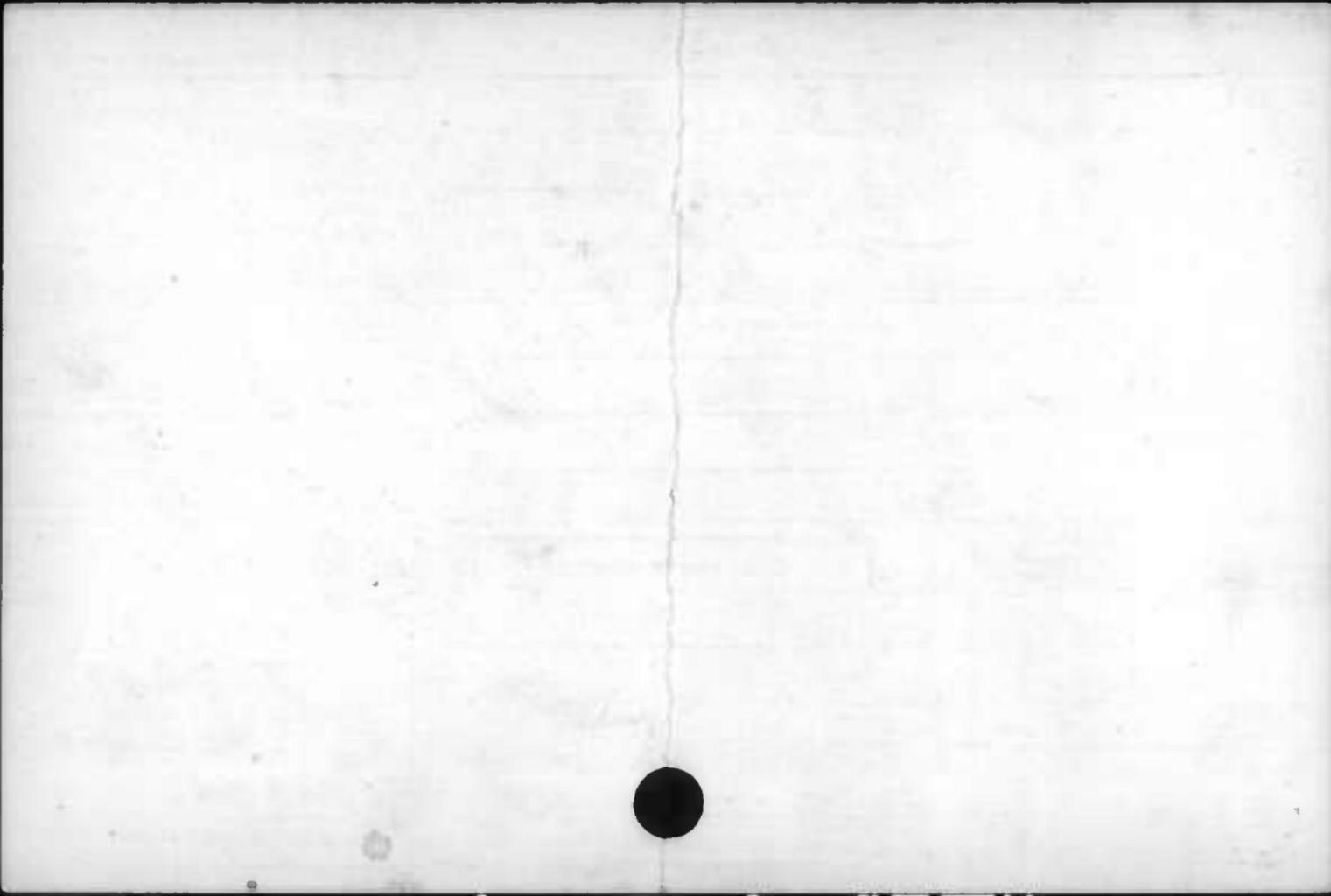
9 days

Accident or Suicide

Address

John S. Green
Sitlington,
Md. 11

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER
IOP

James O'Hara

CERTIFICATE OF DEATH

MARYLAND

Died at Highlandtown County Baltimore

Date of death 1900 Month 19 Day 19 Age 47 Years Months Days

Sex Male Color or Race White

Occupation

Tobacco worker

Where Residing if not
at place of death

Birth-place Ireland
3521 Pleasanton Av.

Married, Single or Widowed Single

Name of Wife or Husband —

Father's Name Michael O'Hara

Mother's Maiden Name Not known

Name of person giving Information John O'Hara

Father's Birthplace Ireland
Mother's Birthplace Not known
How related to deceased brother

Primary

CAUSES OF DEATH

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Jas. L. Grindell,
3 * enough.
Highlandtown Md 1/1

Accident or Suicide

180

27

How long

some time

How long

2 days

Wendell Lipscomb
330 S. Bond st

Bonnie Brae

Jan. 22nd / 6910

Name
in
Full

Michael O'Laughlin -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County	MARYLAND	
Died at Mt. Hope Reformatory	Baltimore	Months	Days
Date of death 1910	Month July	Day 20th	Years Age 35
Sex Male	Color or Race White	Birth-place Md.	
Occupation Harness Maker	Where Residing if not at place of death		
Married, Single Single	Name of Wife or Husband	Father's Birthplace	Not Known
Father's Name Not Known		Mother's Birthplace	1, 2
Mother's " "		How related to deceased	
Name of person giving information	Records Mt. Hope Reformatory	40	X

CAUSES OF DEATH

Primary

Maria Chronic

40

How long

over 25 yrs

Immediate

Ex. Carcinoma of Stomach over 1 year

Are the name, age, sex, color, date and place correctly given above?

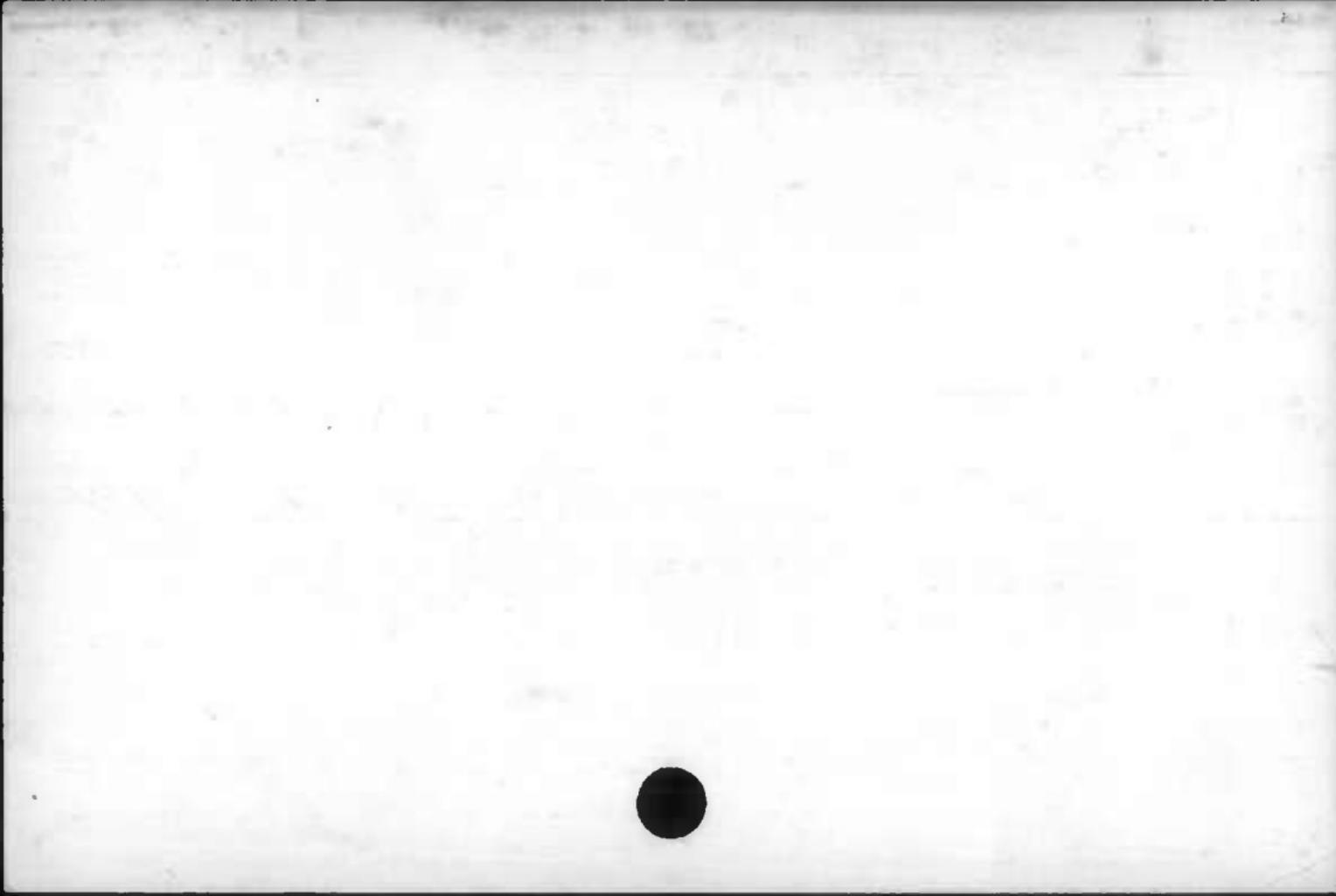
Signature of Physician

Address

Frank J. Flannery

Mt. Hope Reformatory

Accident or Suicide



Name
in
Full

George Oliver

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

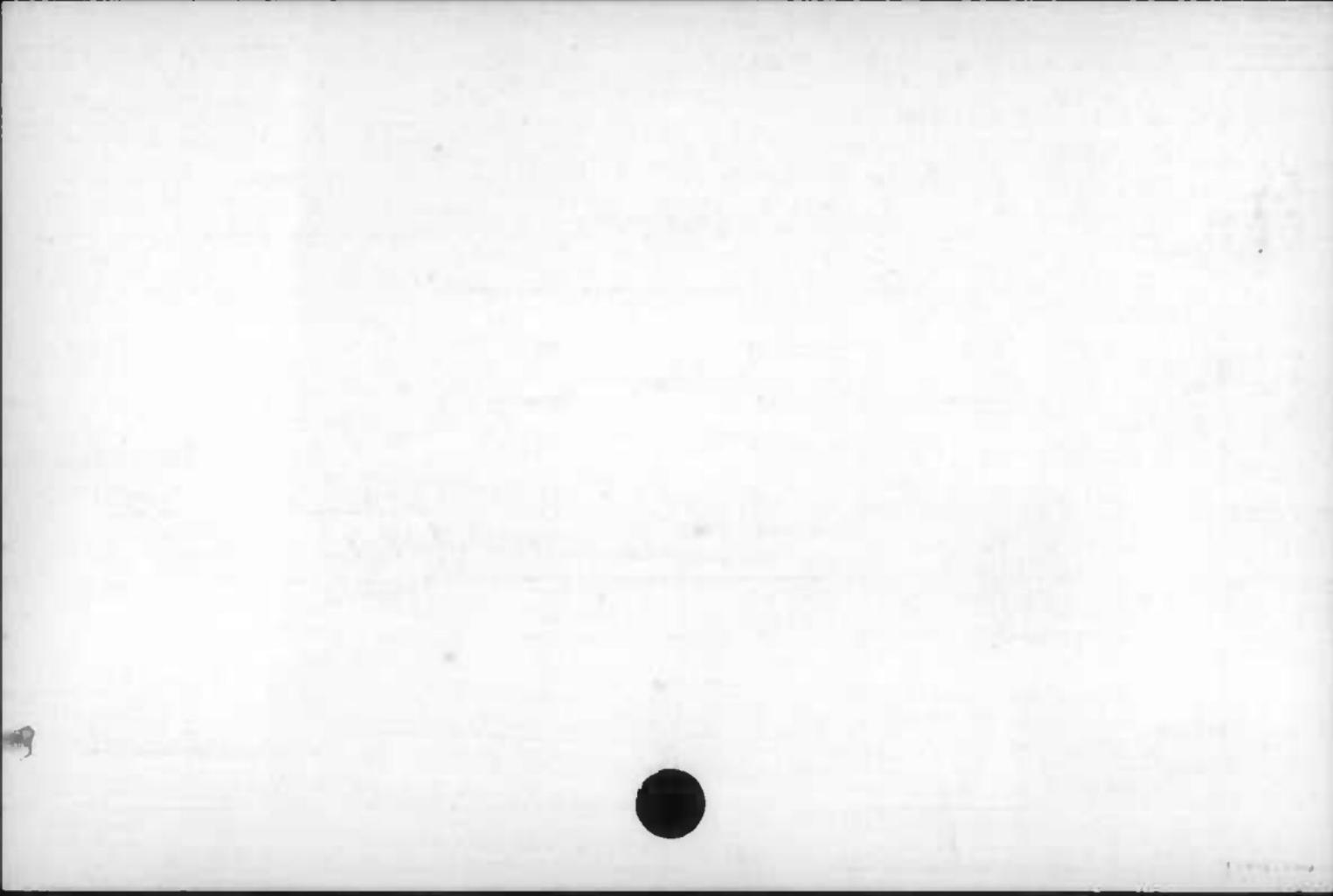
Died at	Town Balcony	County Baltimore	MARYLAND
Date of death 190	Month Jan	Day 13	Age —
Sex Male	Color or Race white	Birth- place Balcony	Months —
Occupation None	Where Residing if not at place of death		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name George F Oliver	Father's Birthplace Baltimore Md		
Mother's Maiden Name Margaret E Olendorf	Mother's Birthplace Baltimore Md		
Name of person giving Information George F Oliver	How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

I

Primary Asthma	How long Since Birth
Immediate Exhaustion	How long now
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Charles L Maufeldt
	Address Balcony Md
Accident or Suicide?	



Name
in
Full

Loretto Oliver

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Died at	Baltimore	Baltimore	
Date of death	Month	Day	Years
1960	Jan	22	Age
Sex	Female	Color or Race	Birth-place
Occupation	Wife	Where Residing if not at place of death	Baltimore
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Serge F. Oliver	Father's Birthplace	Baltimore Md
Mother's Maiden Name	Margaret E. Aslendorf	Mother's Birthplace	Baltimore Md
Name of person giving Information	Serge F. Oliver	How related to deceased	Father

CAUSES OF DEATH

151

Primary Asthma
How long Since Birth

Immediate Exhaustion
How long I work

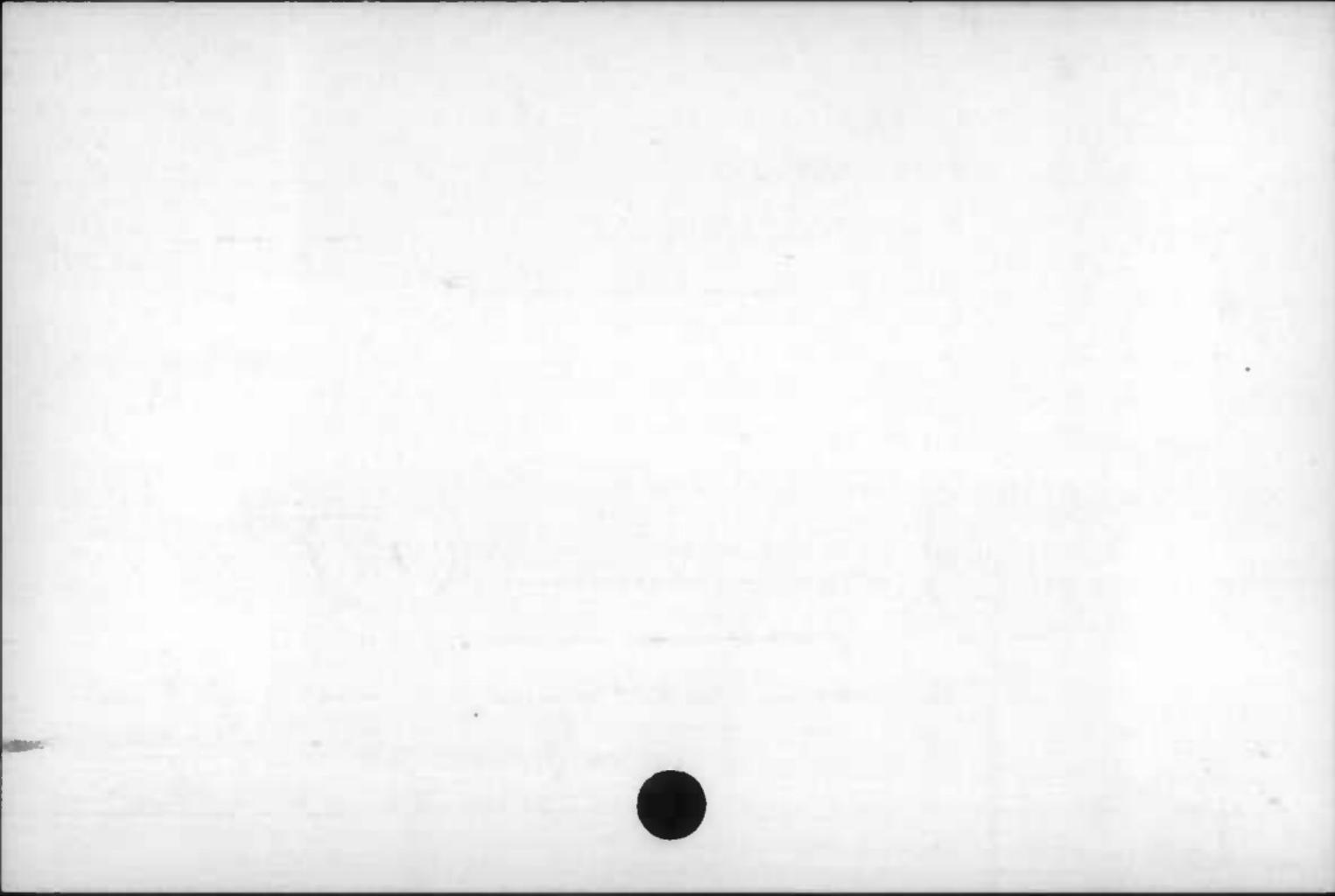
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles L. Maufeld M.D.
Baltimore Md

Accident or Suicide?



Name
in
Full

Married Joseph Osborne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Towson^{own}

County

Baltimore

MARYLAND

Date
of death

1960

Month

1

Day

25

Years

25

Age

Months

Days

42

Sex

Male

Color or
Race

white

Birth-
place

Towson

Occupation

None

Where Residing if not
at place of death

Towson

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Cortney Osborne

and

Mother's
Maiden Name

Rose white kettle

Mrs.

Name of person giving
Information

Joseph Osborne

Grandfather

CAUSES OF DEATH

Primary

Probably failure to close
of forearm Osalis

150

How long

Immediate

—

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

H. Boston Slenuon
Rider, MD

Accident or Suicide



John Burns Sons
Towson

Interment at
May's Cemetery
Balto. Co.

June 26th 1910

end

Name
in
Full

Wesley S. Perine

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town Towson County Balto.
Date of death 1980 Jan Month 21 Day Age Years 84
Sex Male Color or Race white
Occupation Night Watchman Where Residing if not
at place of death
Married, Single Married Name of Wife Rebecca Perine
or Widowed Husband John Perine
Father's Name John Perine
Mother's Maiden Name Rebecca Mayes
Name of person giving Information Mrs John Playhart

Months 2 Days 15
Birthplace Balto. Co. Birthplace Balto. Co.
Where Residing if not at place of death
Father's Birthplace Balto. Co.
Mother's Birthplace Balto. Co.
How related to deceased Daughter

(156)

How long

3 months
one week

How long

CAUSES OF DEATH
Primary Exhaustion of Physical Forces

Immediate Diarrhoea, Inanition

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

R. G. Massenburg

Address

Towson

PHYSICIAN
OR CORONER



Accident or Suicide

X

John Burns Sons
Trowers

Prospect Hill
Cem.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Person

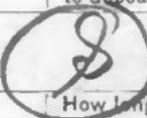
CERTIFICATE OF DEATH

Town		County			
Died at	Sparrow's pt.	Baltimore		MARYLAND	
Date of death	1900 Jany	Month	Day	Year	Months Days
Sex	Female	Color or Race	white	Birth-place	Sparrow's pt.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Wm M Person				
Mother's Maiden Name	Mary W. Andrews				
Name of person giving Information	W M Person				

CAUSES OF DEATH

Primary

Pneumonia



How long

Immediate

Stillborn

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

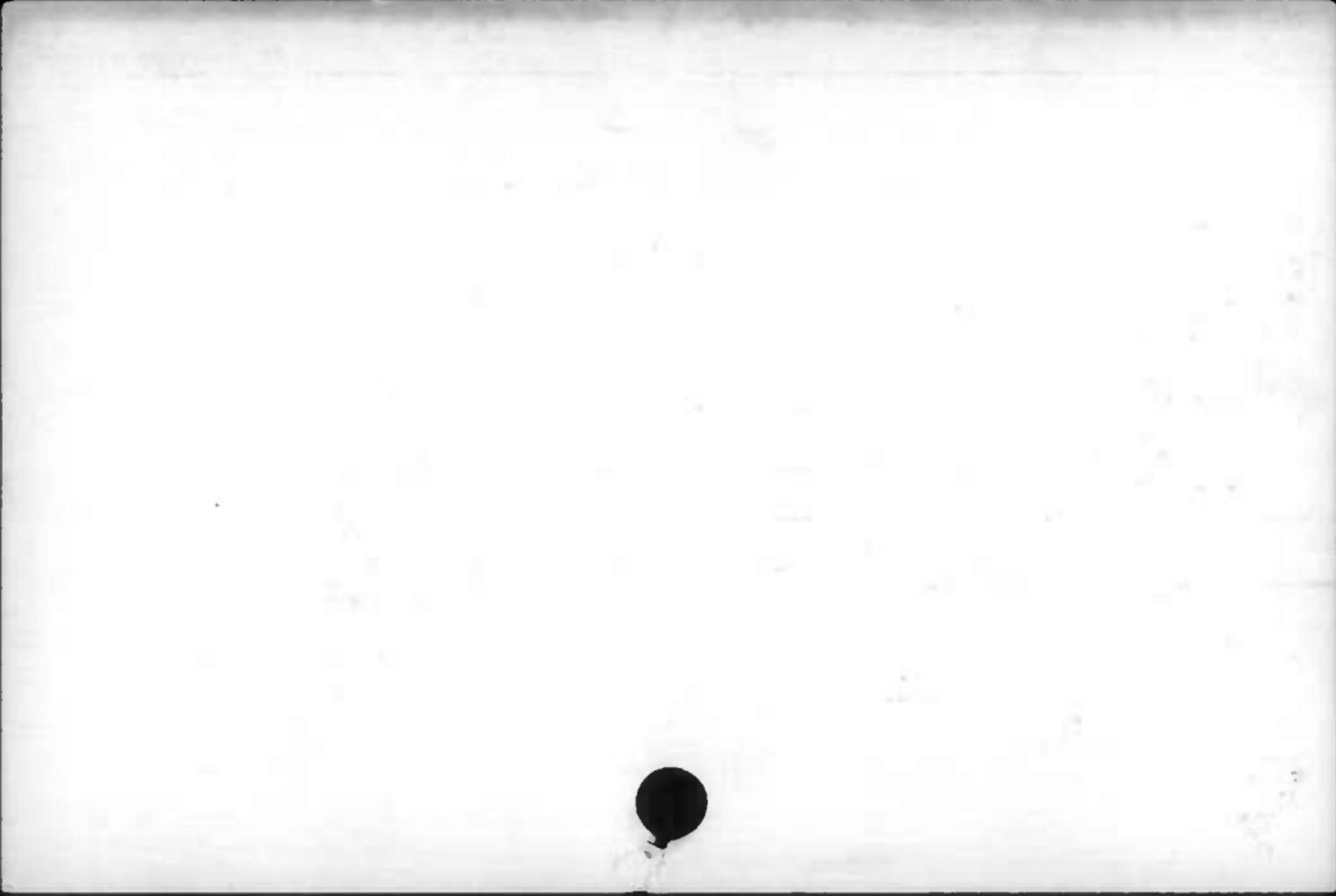
H.H. Petekian M.D.

Address

Sparrow's pt.
Md.

Accident or Suicide

15



Name
in
Full

Sister Mary Luminata Prendergast

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1900	Month Jan	Age 56	Years	Months	Days
Sex F.	Color or Race W	Birth-place Providence, R. I.			
Occupation Religious	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Unknown	Father's Birthplace	Unknown
Mother's Maiden Name	Unknown	Mother's Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	Sister Mary Florence	How related to deceased	Not related		

CAUSES OF DEATH

120

Primary Hypo-cardiovascular disease
How long 17 yrs

Immediate Vasovagal attack
How long 5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Hucay J. Cadey, M.D.
Bellevue Hospital, Md.

Accident or Suicide?

9

PHYSICIAN
OR CORONER

A. Tink & Son
915 N. Gay St
Funeral Directors
Notre Dame being Privet.)

Name
in
Full

Clarence Wesley Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Chestnut Ridge

Town

County

Date of death 1930 Month Day

Years

Months Days

Jan 21

Age 54

MARYLAND

Sex Male

Color or Race

white

Birth-
place

Baltimore Co Md

Occupation Teacher

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Pauline Hemsley Price

Father's
Name

John Price

Father's
Birthplace

Baltimore Co Md

Mother's
Maiden Name

Jasper M. Scott

Mother's
Birthplace

Penna

Name of person giving
Information

Pauline Hemsley Price

How related
to deceased

wife

CAUSES OF DEATH

Primary

Inflammatory Pneumonia

79

+

How long

seven years

Immediate

Viral suffocation by heart

How long

3 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Harris Taylor
Pittsville
Md

Accident or Suicide

1

2

Name
in
Full

John Richter
Rosselle

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town

County

MARYLAND

Date of death

1910

Month

Day

Years

Months

Days

January

30th

Age

unknown unknown unknown

Sex

Male

Color or Race

White

Birth-place

unknown

Occupation

Paper hanger

Where Residing if not
at place of death

unknown

Married, Single
or Widowed

unknown

Name of Wife or Husband

unknown

Father's Birthplace

unknown

Father's Name

unknown

Mother's Birthplace

unknown

Mother's Maiden Name

unknown

How related
to deceased

unknown

Name of person giving
Information

unknown

178

How long

Primary

CAUSES OF DEATH

Exposure.

Immediate

Signature of Physician

Address

John Gittman
Acting Coroner
Rosselle, Md.

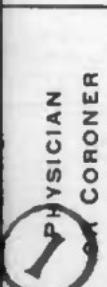
Are the name, age, sex, color, date
and place correctly given above?

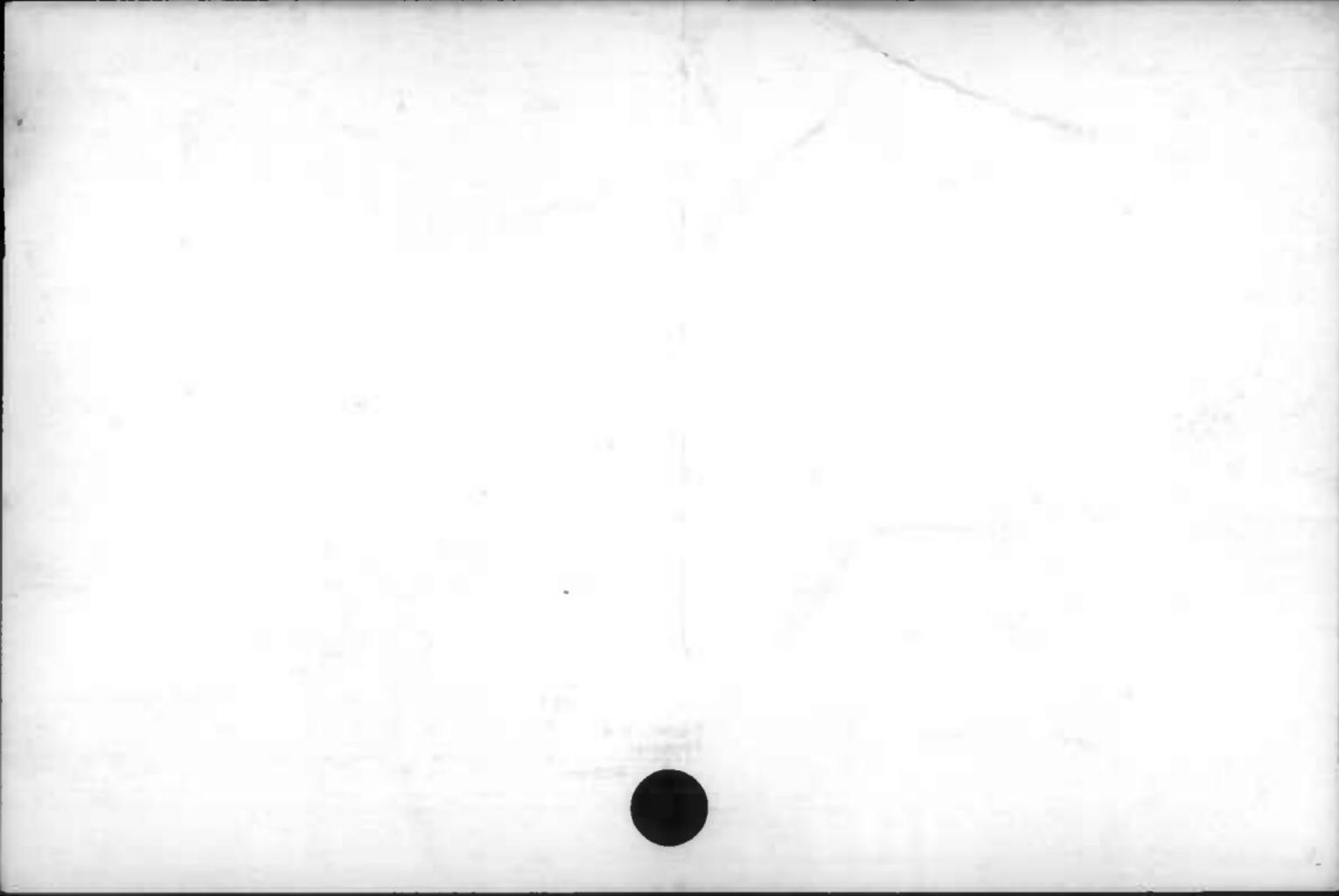
Yes

Accident or Suicide

Natural death

15





Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lena Bittmeyer

CERTIFICATE OF DEATH

MARYLAND

Died at Hornell Park County Baltimore
Town Month Day Years Months Days
Date of death 1901 6 Age 66 11

Sex

Color or Race

Female White

Birth-place

Germany

Occupation

Where Residing if not
at place of death

Merried, Single
or Widowed

Name of Wife or
Husband

John Bittmeyer

Father's Name

Andrew Schlick

Father's Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's Birthplace

Germany

Name of person giving
Information

John Bittmeyer

How related
to deceased

husband

CAUSES OF DEATH

Primary

Pneumonia

93

How long

6 days

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

23 Hull
not known

13

Accident or Suicide

Nicholas S. Fink

Funeral Director

New Cathedral Cemetery

Name
in
Full

William Pitt Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park

Town

County

MARYLAND

Date of death 1910

Month

Day

Years

Months

Days

22

Age 48

1

23

Days

Sex

Male

Color or Race

White

Birthplace

Taylor Island
Orchestr C. Md.

Occupation

Merchant

Where Residing if not
at place of death

Roland Park Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Lucy Hooper Cator Robinson

Father's Name

Andrew Jackson Robinson

Father's Birthplace

Maryland

Mother's Maiden Name

Sophie S. Lavers

Mother's Birthplace

Maryland

Name of person giving
Information

Thos. G. Ewell

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

Lag Grippe

10

How long

8 days

Immediate

Pneumonia, Lobar

6 days

Are the name, age, sex, color, date
and place correctly given above?

Ye

Signature of
Physician

Address

M. Gibson Porter

Roland Park Md

PHYSICIAN
OR CORONER



Accident or Suicide

No

Stewart & Bowen Co.
Funeral Directors
215 Park Av.
for Interment in
Green Mount Cemetery
January 24th /10.

Name
in
Full

John A. Roman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1910	Month Jan	Day 28	Years 64	Months 5	Days 11
Sex Male	Color or Race White	Occupation Admironor Contractor			
Married, Single or Widowed Married					
Name of Wife or Husband Emma Roman				Father's Birthplace	Germany
Father's Name John A. Roman				Mother's Birthplace	Germany
Mother's Maiden Name Anna Elizabeth Horning				How related to deceased	Son
Name of person giving information John A. Roman					
CAUSES OF DEATH					
Primary				80	+
How long					
Immediate Angina Pectoris.				How long	Dead when I reached case.

PHYSICIAN
OR CORONER

1

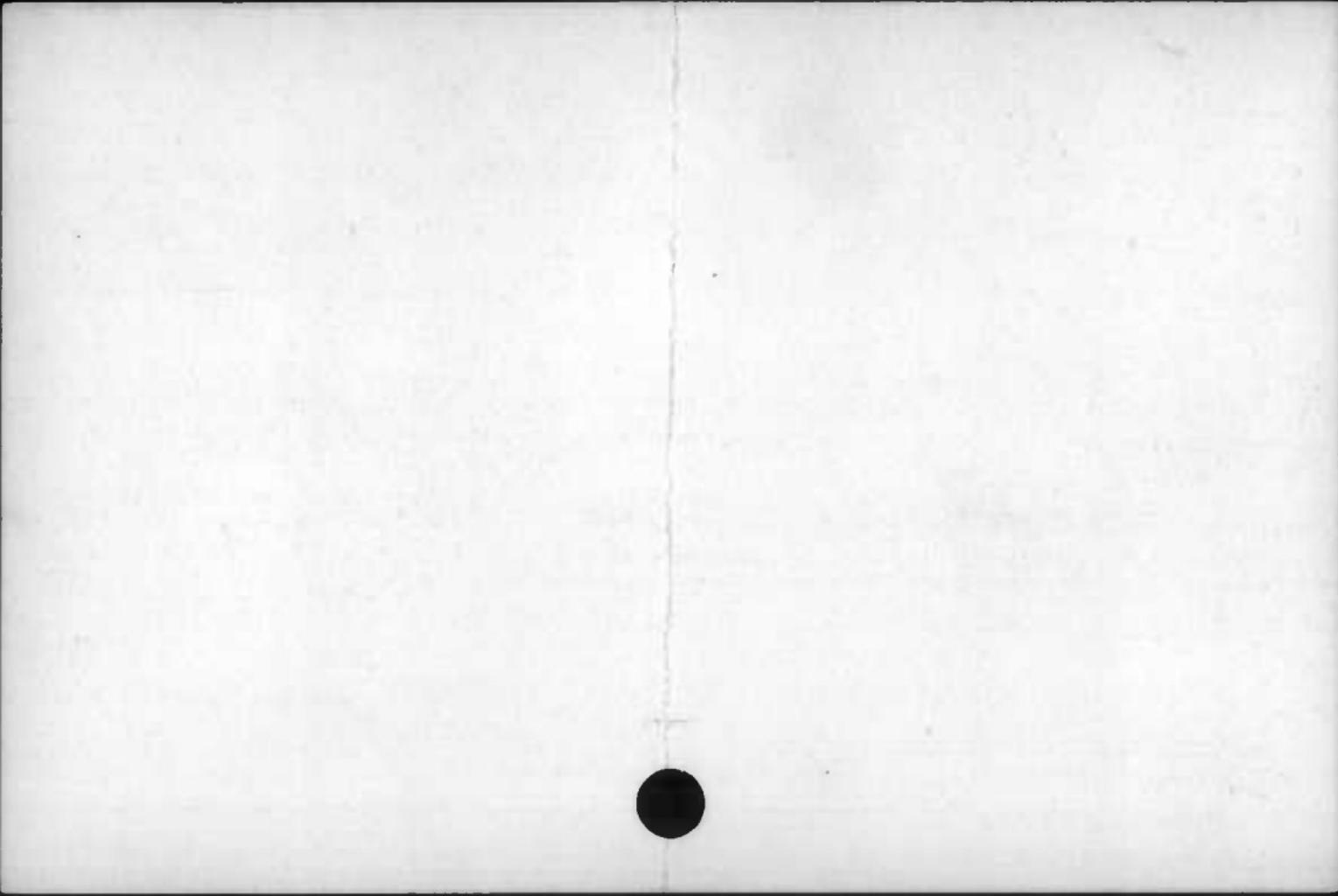
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Henry Russell, M.D.
Grove and Avenue,
N. Arlington. 7

Accident or Suicide?



Name
in
Full

Mary Pauline Schermeier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Texas

Town

County

Balto.

MARYLAND

Date
of death

1900

Month

Day

30

Years

60

Months

2

Days

13

Sex
Occupation

Female

Color or
Race

White

Birth-
place

Germany

Married, Single
or Widowed

Widowed,
~~Married~~

Name of Wife or
Husband

Where Residing if not
at place of death

Balto. Co. Almshouse

Father's
Name

Sophine Schermeier

Father's
Birthplace

Germany

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Germany

Name of person giving
Information

House Register

How related
to deceased

None

CAUSES OF DEATH

Primary

Chronic Endocarditis

79

How long

3 months

Immediate

Aphroza

How long

15 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Hilmer C. Ewer Jr. D.D.
Cockeysville
Md.

PHYSICIAN
OR CORONER

I

Accident or Suicide

10.

9

George J. Smith
1000. W. Fayette St.

Postoffice
at 1000. W. Fayette St.
Baltimore

Name
in
Full

Marie Schott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Rossville	Baltimore				
Date of death	1910	Month Jan.	Day 28	Years Age	64	Month Days
Sex	Female	Color or Race	white	Birth-place	Germany	
Occupation	Hauswifia	Where Residing if not at place of death			Rossville	
Married, Single or Widowed	Married	Name of Wife or Husband	Bernhard Schott			
Father's Name	Mr. Risch				Father's Birthplace	Germany
Mother's Maiden Name	Unknown				Mother's Birthplace	Germany
Name of person giving Information	Bernhard Schott				How related to deceased	Susband

CAUSES OF DEATH

Primary

Scorbutic Cachexia of both

43

How long

5 years

Immediate

Enteritis

How long

3 mos.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

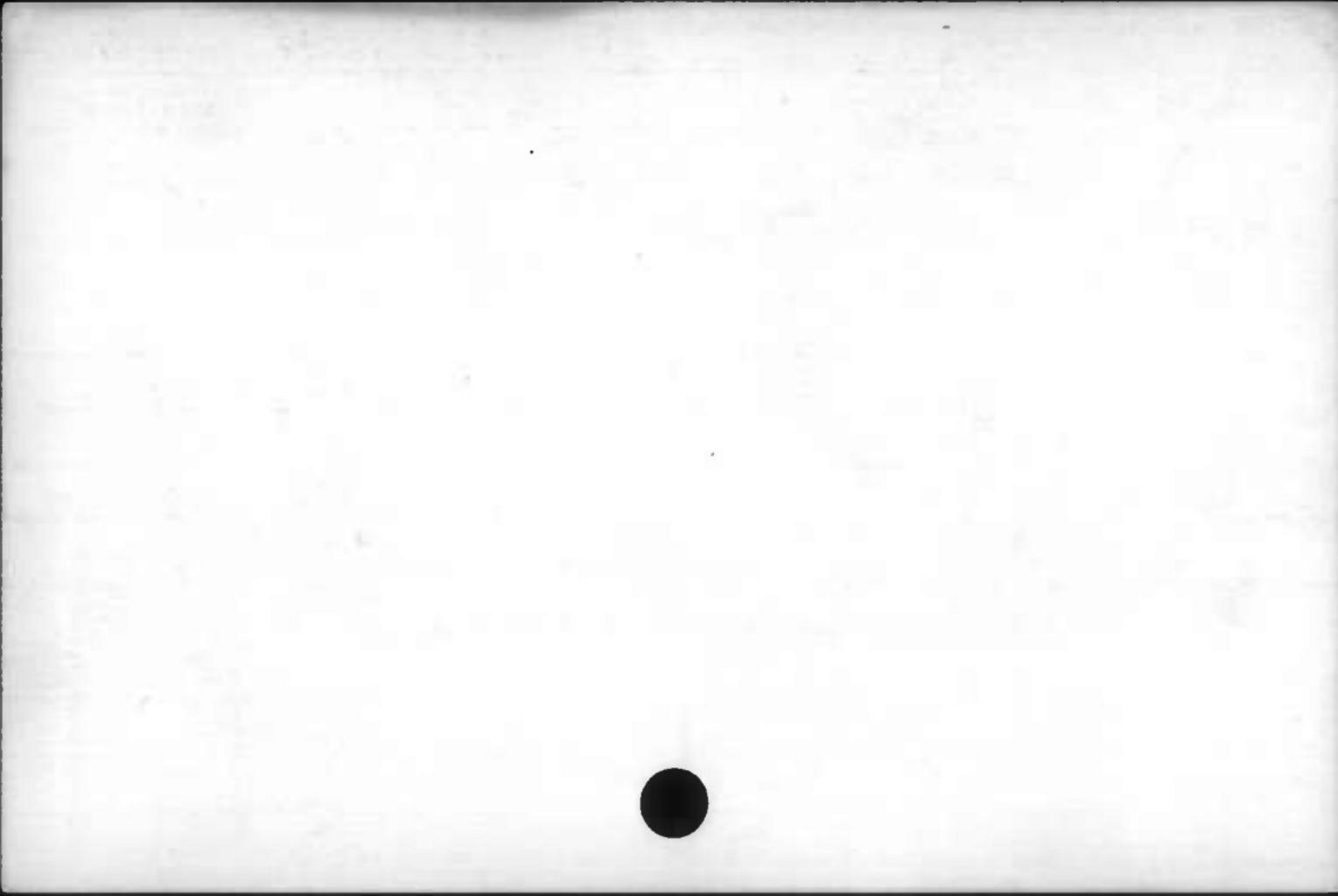
Dr. F. A. Glantz

Address

3244 Easter ave

Accident or Suicide





Name
in
Full

Eva. Schuster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Baltimore	County	MARYLAND
Died at	Gardenville		
Date of death	1940	Month Jan	Day 6
Age	57	Years	
Sex	Female	Color or Race	white
Occupation	House work	Where Residing if not at place of death	Gardenville
Married, Single or Widowed	Married	Name of Wife or Husband	Otto Schuster
Father's Name	Walter Kuehn	Father's Birthplace	Germany
Mother's Maiden Name	S. Baker	Mother's Birthplace	Germany
Name of person giving Information	Chas Schuster	How related to deceased	Son

CAUSES OF DEATH

79

Primary	Valvular disease of heart	How long	2 yrs
Immediate	Drapery & Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edward Corcoran
		Address	Gardenville

PHYSICIAN
OR CORONER

Accident or Suicide?

E. J. Fanning.
Burial in
Baltimore Cemetery -
Balto. City.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Morrell Park	Baldo Co					
Date of death 1910	Month Jan	Day 5	Age	Years	Months	Days
Sex	Color or Race			Birth-place	Balto Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	John Schwartz			Father's Birthplace	Balto Md	
Mother's Maiden Name	Barzil Tupper			Mother's Birthplace	Md	
Name of person giving Information	Mrs Schwartz			How related to deceased	mother	

CAUSES OF DEATH

Primary

Premature Birth

How long

8 mos.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Geo L. Kieffer
Morrell Park
Balto MdPHYSICIAN
OR CORONER

Accident or Suicide

James Hignan
St Peters.

Name
in
Full

Charles E Scionion

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Isabella Scionion	Father's Birthplace
Father's Name	not known	not known	Mother's Birthplace
Mother's Maiden Name	not known	not known	How related to deceased
Name of person giving information	Isabella Scionion	Wife	109

CAUSES OF DEATH

Primary	Drowning	How long
Immediate		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address

Patrick Bradley J P
coroner
Loreley Baltimore co
Baltimore co

1 Accident or Suicide?

accident



Name
in
Full

William Cabell Seddon
Town
Died at Roland Park Baltimore County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date of death 1960 Month Jan Day 8 Age 2 Months 1 Days 12
Sex Male Color or Race White

Occupation None

Where Residing if not
at place of death

Birth-place Roland Park Md.
Roland Park Md.

Married, Single
or Widowed

Singl

Name of Wife or
Husband

Father's
Name

William Cabell Seddon

Father's
Birthplace

Virginia

Mother's
Maiden Name

A. C. F. Judge

Mother's
Birthplace

Maryland

Name of person giving
Information

" " Seddon

How related
to deceased

Mother

Primary

Gastric

CAUSES OF DEATH

10

Immediate

Gastric - Enteritis

How long

7 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

M. Glasgow Porter
Roland Park Md.

PHYSICIAN
OR CORONER

1

Accident or Suicide

2w

Henry W. Jenkins & Sons Co
McCulh & Orchard Sts.

Place of burial Loudon Park Cemetery.

Name
in
Full

George Fred. Seymour.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Raspeburg	Baltimore				
Date of death	1910	Month	Day	Years	Months	Days
		1	4	79	6	26
Sex	M	Color or Race	W.	Where Residing if not at place of death	Germany	
Occupation	Farmer					
Married, Single or Widowed	M.	Name of Wife or Husband	Unknown	Mary Seymour	Father's Birthplace	Germany
Father's Name	(Unknown)	Seymour			Mother's Birthplace	Germany
Mother's Maiden Name	Arkuron				How related	son
Name of person giving Information	W. G. Seymour				How long	1 year

CAUSES OF DEATH

154

Primary

Senile Debility
Cardiac Asthma

How long

1 year
3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

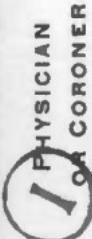
A. L. Wilkinson

Address

Raspeburg

Neither

14



Franklin Family
Lat

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Zydia Catherine Shaw

CERTIFICATE OF DEATH

MARYLAND

Town Glyndon County Belle
Died at Glyndon Month Jan Day 5 Years 77 Months ~ Days ~
Date of death 1960 Age 77 Birth-place Kent Co Md
Sex Female Color or Race White
Occupation Housekeeper Where Residing if not at place of death Kent Co.
Married, Single or Widowed Widow Name of ~~Wife~~ Husband James Shaw
Father's Name Wm Barnett Father's Birthplace Dunkirk
Mother's Maiden Name Miss Conister Mother's Birthplace Dunkirk
Name of person giving Information Margaret Peel How related to deceased Neige

CAUSES OF DEATH

Primary Paresis & La Siphe

10

How long

1 year

Immediate Pulmonary Congestion & Heart Disease

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Z. Kumbuc

Glyndon Md

Accident or Suicide

4



Name
in
Full

Annie E Sheffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stevenson station Town Baltimore County
Date of death 1960 Jan 14 Month Day Age 46 Year
Sex Female Color or Race white
Occupation Housewife Where Residing if not at place of death
Married, Single or Widowed Married Name of Wife or Husband Daniel B. Sheffer
Father's Name John J. Dallisonman Father's Birthplace York co Pa
Mother's Maiden Name Savina Shaffer Mother's Birthplace York co Pa
Name of person giving Information Daniel B Sheffer How related to deceased Husband

CAUSES OF DEATH

Primary

~~Rupture of vein in leg~~

Immediate

+ loss of blood

(85)

How long

immediate

How long

10 minutes

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Louis Taylor

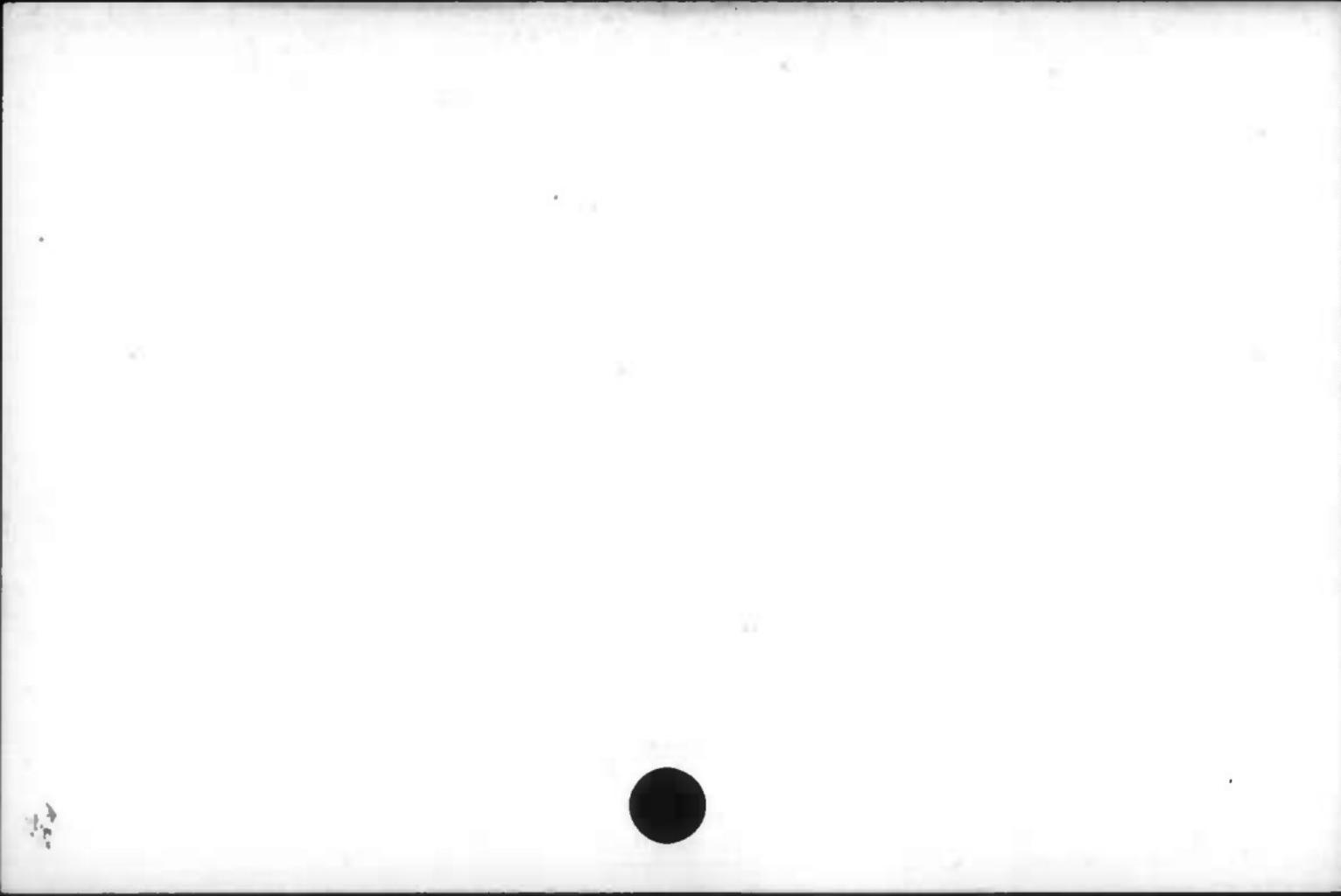
Potressville

Ned

3

I

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wilson C. Shorter

Town

Died at

Philopolis

County

Years

Baltimore

MARYLAND

Month

Day

Months

Days

Date
of death

1900

23

Age

19

8

0

Sex

male

Color or
Race

Black Col.

Birth-
place

Philopolis

Occupation

Carpenter

Where Residing if not
at place of death

Pawson

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Birthplace

Md.

Father's
Name

Wm Thomas Shorter

Mother's
Maiden Name

Julia Madden

Mother's
Birthplace

Md.

Name of person giving
Information

Julia Shorter

How related
to deceased

mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

3 months

Immediate

Exhaustion

1 day -

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Wilmer C. Evans M.D.
Cockeysville
Md.

27

How long

How long

How long



Accident or Suicide

No

To be buried Jan. 25/10
by W. C. Brooks - Philopoli
Ind. in Quaker Bottom Cemetery
Philopoli, Ind.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Jane Short

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Gorans	Baltimore				
Date of death	Month	Day	Years	Months	Days
1910	1	28	Age 72	-	-
Sex	Color or Race	Birth-place			
Female	White	England			
Occupation	Where Residing if not at place of death				
Housewife	Gorans				
Married, <input checked="" type="checkbox"/> Widowed	Name of Wife or Husband	James Short			
Married	James Short				
Father's Name	Englefield				
Englefield					
Mother's Maiden Name	Elizabeth Gilpin				
Elizabeth Gilpin					
Name of person giving information	Mrs. W. D. Oddy				
W. D. Oddy	Daughter.				

CAUSES OF DEATH

79

Primary Cardiac Hypertrophy

How long

Two years

Immediate Cardiac Asthma

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John L. Kuhn
428 Gorans Ave

1

Accident or Suicide?

9

Sup. at Laverden Park
Jan 31/910
low foot }
so 2E Spurkhan.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

POLICE
CORONER

Chas. Jos. Singhass.

Town
Quaker Hill, Balt.

County

CERTIFICATE OF DEATH

MARYLAND

Died at _____
Date Month Day Years Months Days
of death 1910 1 20 _____

Sex male Color or Race White

Occupation Infant Where Residing if not
at place of death

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Christian J. Singhass.

Father's Birthplace Virginia

Mother's Maiden Name L. Stamps

Mother's Birthplace "

Name of person giving Information F. J. Singhass.

How related to deceased Brother

CAUSES OF DEATH

Primary

poli. Intestinal

10+

How long

Immediate

one day.

Are the name, age, sex, color, date
and place correctly given above?

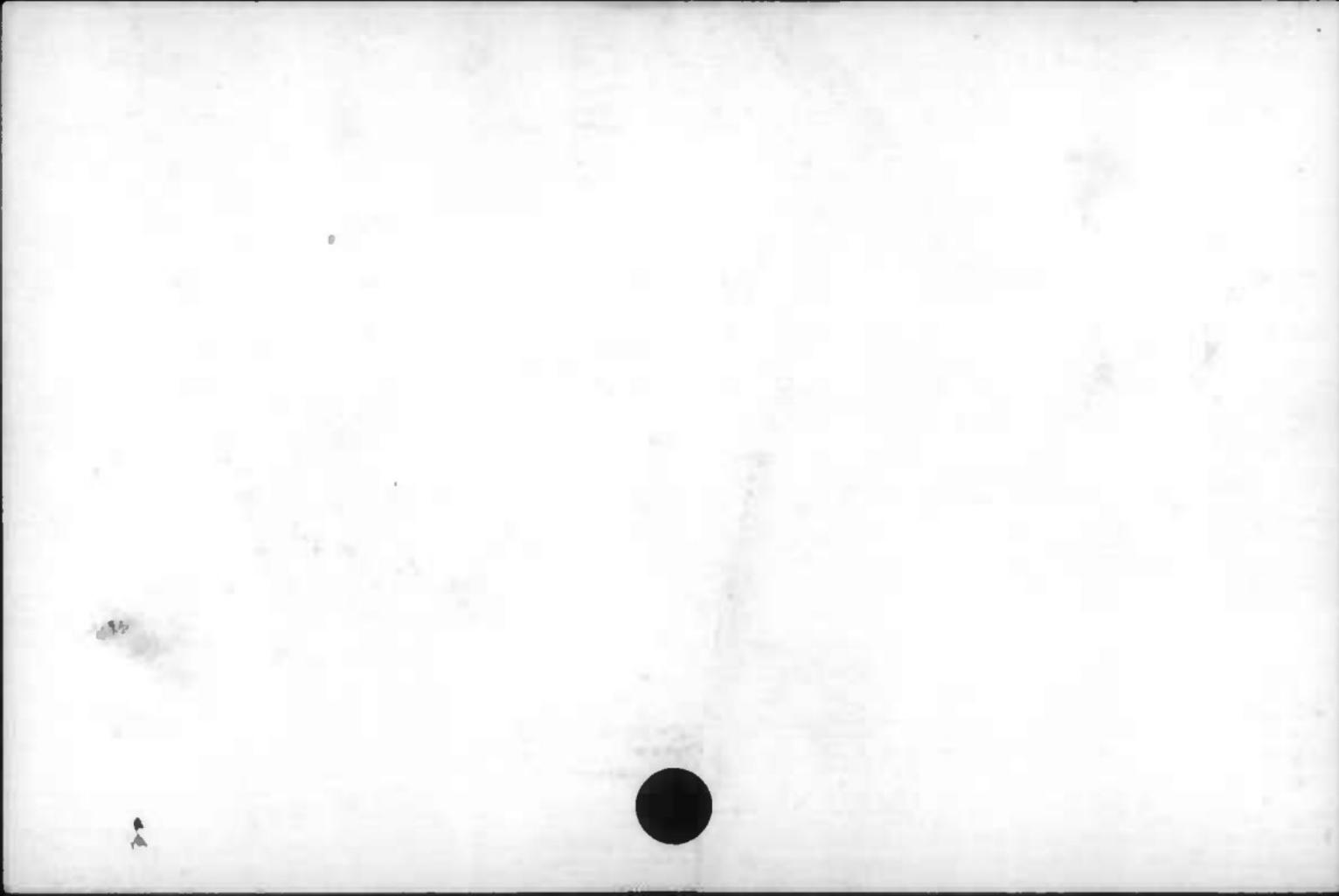
Yes.

Signature of
Physician

Address

Dr. Frank W. Abbott MD.
111 W. Pratt Street,
Baltimore, Md.

Accident or Suicide



Name
in
Full

Thomas R. Skinner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at	Govans	Balto			
Date of death	1900	Month	Day	Age	Years Months Days
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Steam fitter		Where Residing if not at place of death	Govans.	
Married, Single or Widowed	Married	Name of Wife or Husband	Mary E. Skinner	Father's Birthplace	Md
Father's Name	William Skinner			Mother's Birthplace	Md
Mother's Maiden Name	Mary A. Watt			How related to deceased	Wife.
Name of person giving information	Mary E. Skinner		(66)	How long	1 year
				How long	2 weeks
CAUSES OF DEATH					
Primary	Paralysis				
Immediate	Exhaustion				

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. U. Duncan

Grovontown Md

Accident or Suicide

William Cook.
607 Edwartown
London Park.

Cem

Name
in
Full

Not Named Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Near Franklin	Baltimore			Months	Days	
Date of death	1980	Month 1	Day 5	Years 0	Months 0	Days 0	
Sex	male	Color or Race	White	Birth-place	Near Franklin		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Charles H. Smith			Father's Birthplace	Hoffmanville Ind		
Mother's Maiden Name	Hester Marchin			Mother's Birthplace	Westminister		
Name of person giving Information	Charles H. Smith			How related to deceased	Father		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Still Birth

③

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

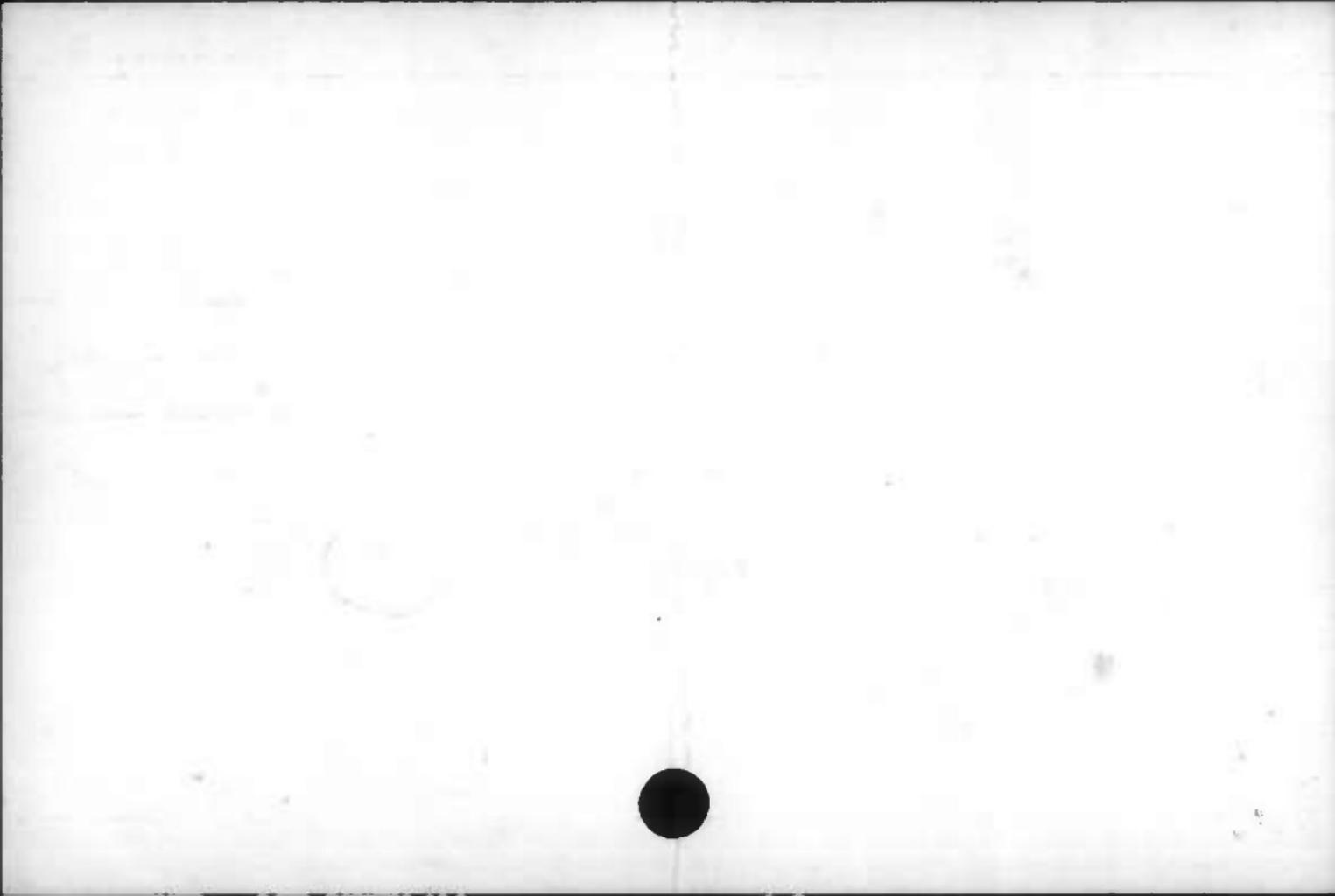
Signature of Physician

Address

Dr. D. W. Rush

Hanoverton
Md.

Accident or Suicide



Name
in
Full

(Baby) Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hatch Cliff</i>	Town <i>Baltimore</i>	County <i>Baltimore</i>	MARYLAND	
Date of death <i>1900 Jan. 15</i>	Month <i>Jan.</i>	Day <i>15</i>	Years <i>✓</i>	Months <i>✓</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Age <i>✓</i>	Birth-place <i>Hatch Cliff, Balto. Co. Md.</i>	Days <i>✓</i>
Occupation <i>✓</i>	Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>✓</i>			
Father's Name <i>O. G. Smith</i>	Father's Birthplace <i>Wisconsin</i>			
Mother's Maiden Name <i>Mary C. Conigan</i>	Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>O. G. Smith</i>	How related to deceased <i>Father</i>			

CAUSES OF DEATH

8

How long

PHYSICIAN
OR CORONER

Primary

"Still Born"

Immediate

"Still Born"

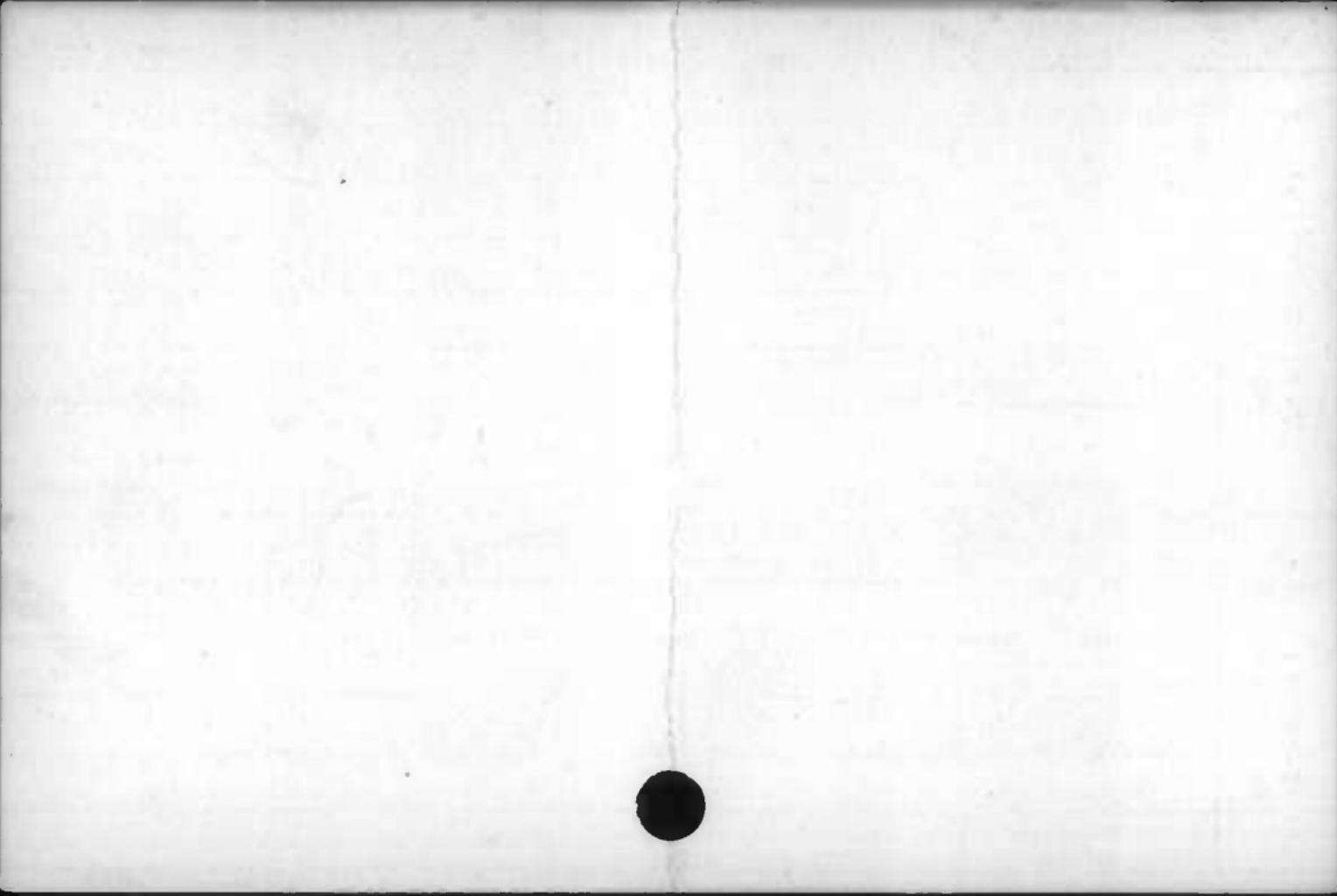
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Morris B. Green M.D.
Gittings Md.

Accident or Suicide?



Name
in
Full

Hattie. Louisa. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1940	Month Jan.	Day 25	Years 27
Sex Female	Color or Race White	Birth-place Balt. Co. Md	Months 2
Occupation Nurse	Where Residing if not at place of death Lauraville, Md.	Days 4	
Married, Single or Widowed Married	Name of Wife or Husband Mr. Henry Smith		
Father's Name William Morris	Father's Birthplace Germany		
Mother's Maiden Name Annie Meyers	Mother's Birthplace Balt. City		
Name of person giving information Mr. Henry Smith	How related to deceased Husband		

CAUSES OF DEATH

Primary	Diabetes Mellitus	
Immediate	Synthetic Coma	
Are the name, age, sex, color, date and place correctly given above?		
1	Yes.	Signature of Physician Address
Accident or Suicide? No		

Henry Stoeck Sur

Baltimore Cemetery
1301 E Eager St.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Accident or Suicide

Primary

Cancer of stomach 6 mo
Traction 6 progression

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W.C. Stone
Elliott City

CERTIFICATE OF DEATH

MARYLAND

Died at Grays Town Baltimore County
Date of death 1900 Month Jan Day 28 Year Age 65 Month Day

Sex

Color or
Race

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Married Lisabeth Stallvoit

Father's
Birthplace

Mother's
Maiden Name

Betty Stallvoit

Mother's
Birthplace

Name of person giving
Information

Don't know

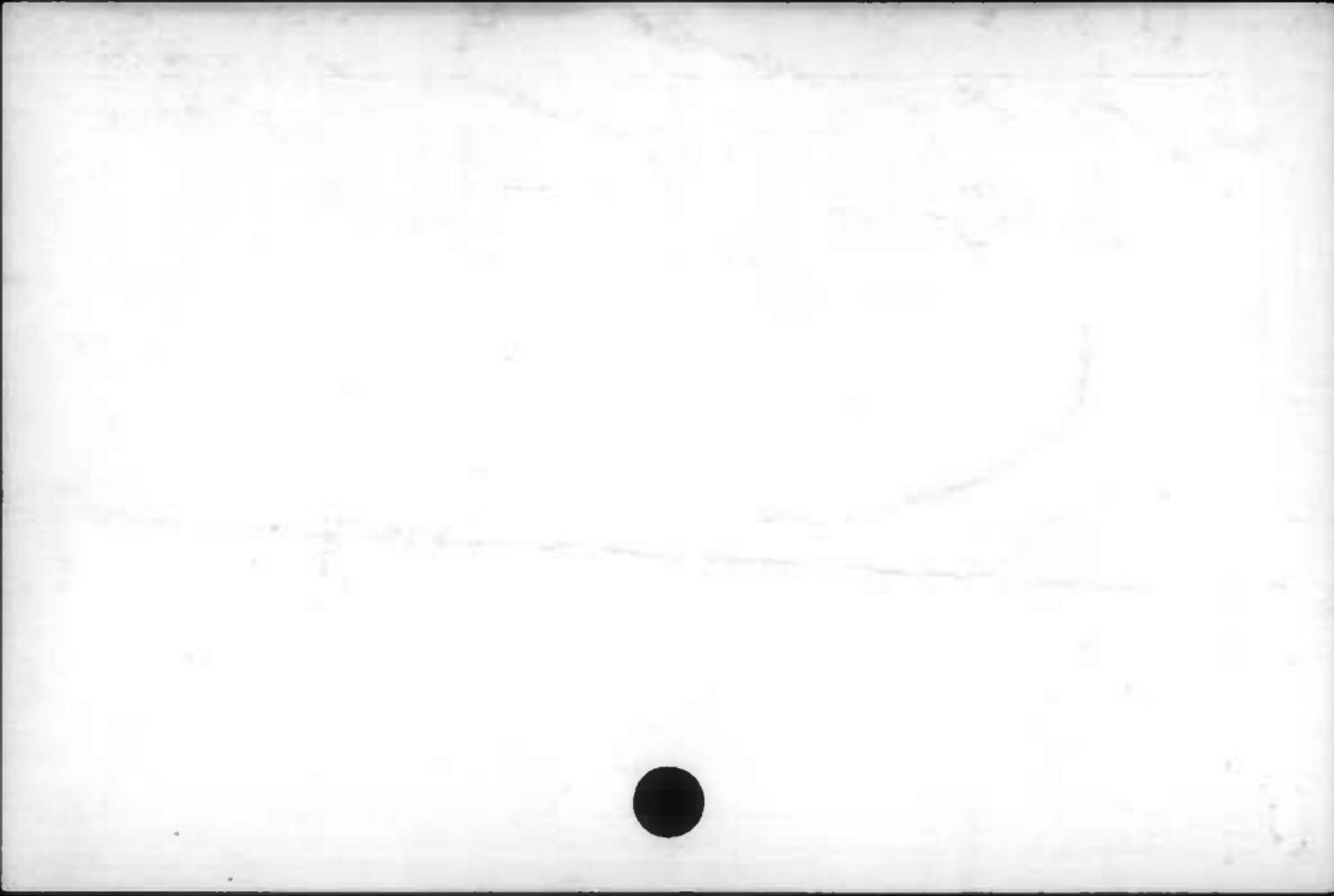
How related
to deceased

CAUSES OF DEATH

40

How long

How long



Name
in
Full

Allen B. Stansbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at Arlington		Baltimore			
Date of death 1908	Month 1	Day 18	Years 53	Months -	Days -
Sex Male	Color or Race White	Birth-place Md.			
Occupation Noseman	Where Residing if not at place of death Arlington				
Married, Single or Widowed Married	Name of Wife or Husband Laura C. Stansbury	Father's Birthplace Md.			
Father's Name John B. Stansbury	Mother's Birthplace England				
Mother's Maiden Name Eliza Penleton	How related to deceased Wife				
Name of person giving information Laura C. Stansbury					

CAUSES OF DEATH

Primary

Tuberculosis

27

How long

Immediate

Exhaustion

Years

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

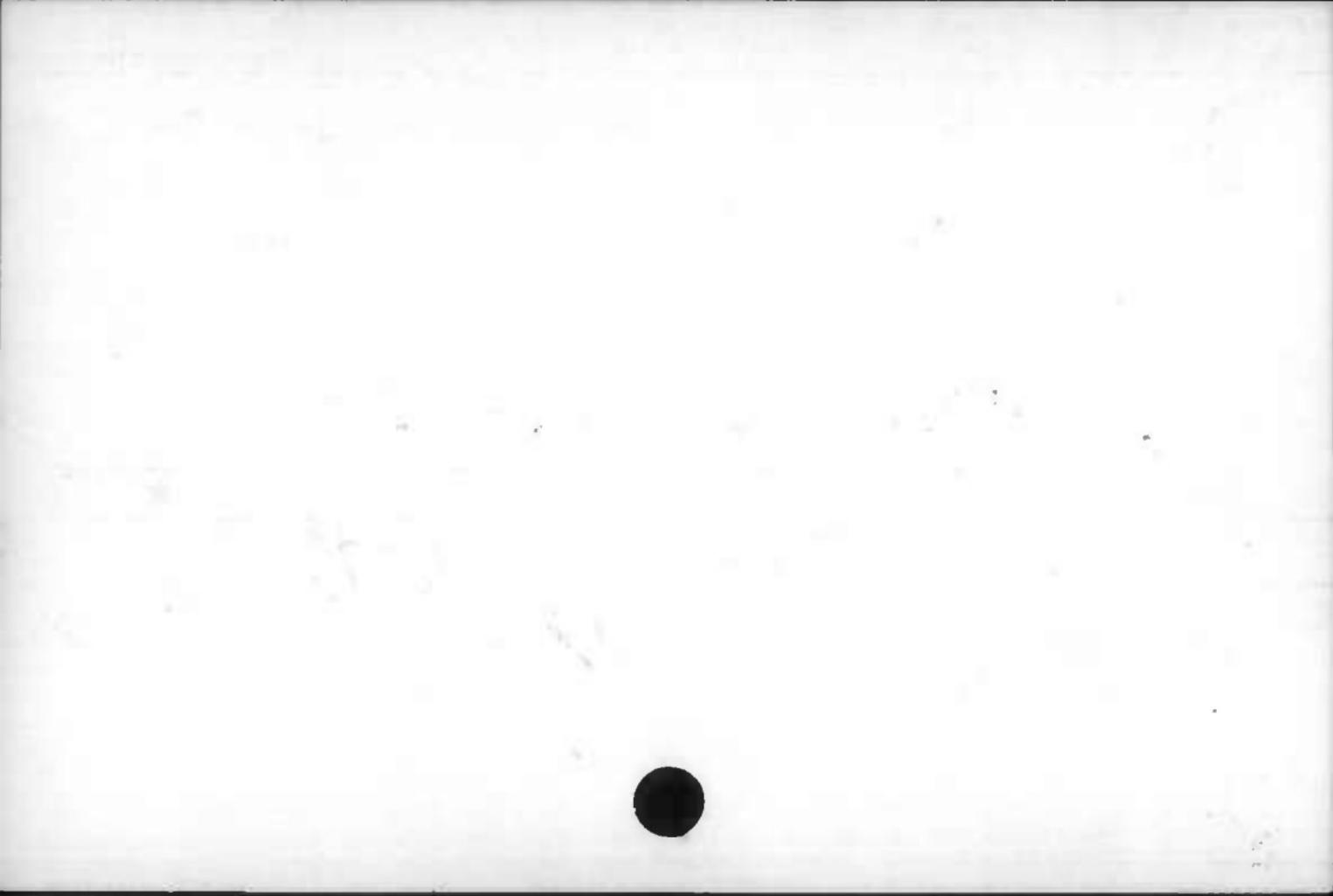
Edwin E. Dowd

Arlington
Maryland

PHYSICIAN
OR CORONER

I

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Joseph J. Steinbacher

CERTIFICATE OF DEATH

Died at Fullerton Town Baltimore County

MARYLAND

Date of death 10 Month Jan Day 16

Years

Months

Days

Age

Sex Male Color or Race White

Birth-place

Occupation

Where Residing if not
at place of death

Fullerton, Ind.

Married, Single or Widowed

Name of Wife or Husband

Father's Name George Steinbacher

Father's Birthplace

Ind.

Mother's Maiden Name Clara Weipert

Mother's Birthplace

Ind.

Name of person giving information

How related to deceased

Father

George Steinbacher

9th

CAUSES OF DEATH

Primary Capillary Bronchitis (Broncho-pneumonia)

How long

About 4 days

Immediate Failure Vital Forces - (Convulsions)

How long

several hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Lingard S. Whitford,
Fullerton, Ind.



Accident or Suicide? No

Holy Redeemer
Cemetery

Name
in
Full

Mary Jane Stiffler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Thomas Stiffler			
Father's Name	Oliver Hunt				
Mother's Maiden Name	Mary Knight				
Name of person giving information	George Hunt				
CAUSES OF DEATH					
Primary	Aphoplexy				
Immediate	Aphoplexy				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
Yes			Thomas C. Baedwin		
			Address		
			White Hall		
			Md.		

64

How long

6 or 7 hours.

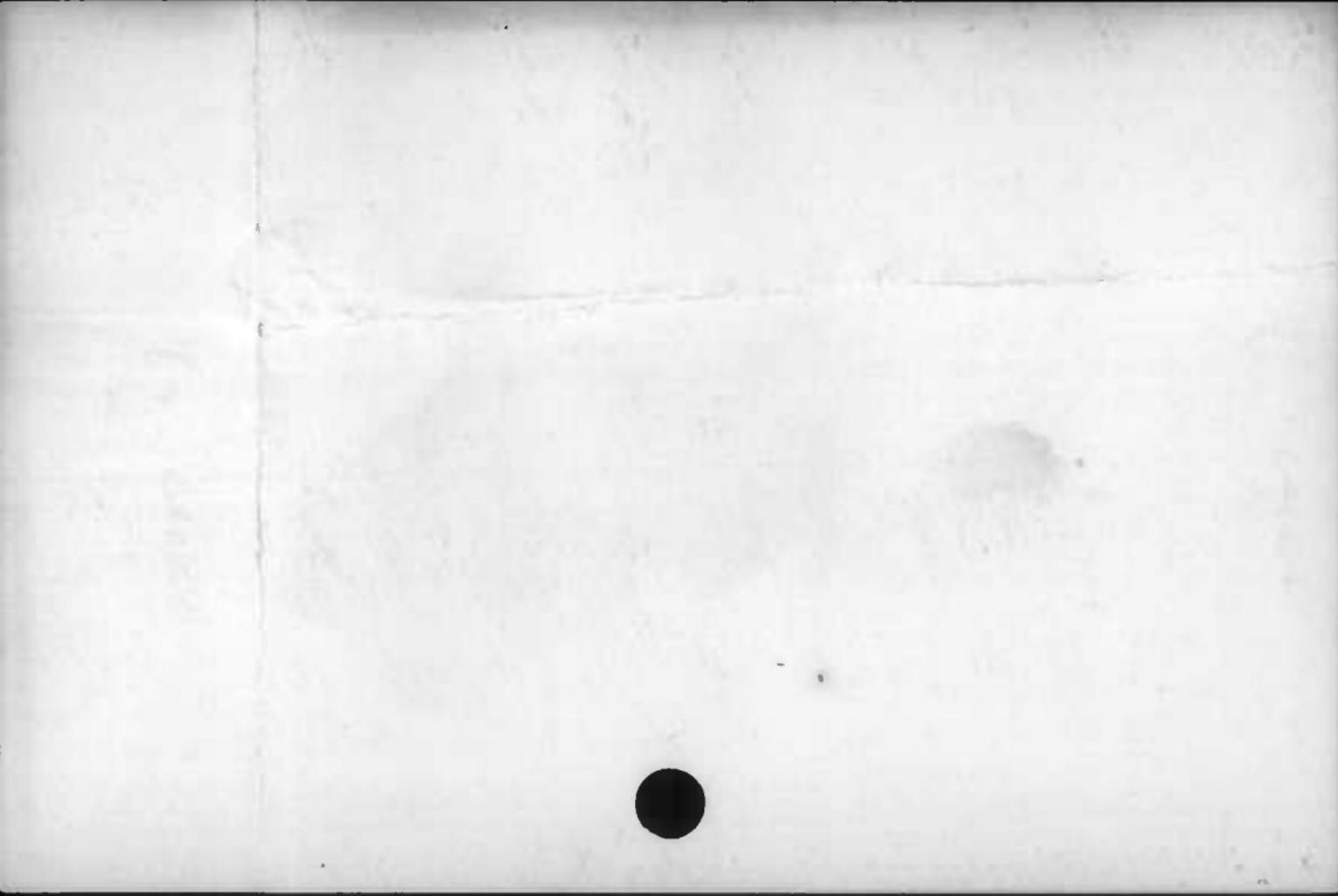
How long

Short time

PHYSICIAN
OR CORONER

1

Anne Gandy



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Charles Stockman

CERTIFICATE OF DEATH

Died at Hamilton		Town	Baltimore		County	MARYLAND	
Date of death	1900	Month Jan.	Day 13	Years 72	Age	Months 11	Days 29
Sex male	Color or Race	White		Birth-place Germany			
Occupation Cigar maker	Where Residing if not at place of death						
Married, Single or Widowed Widower	Name of Wife or Husband Kate				Father's Birthplace Germany		
Father's Name Henry Stockman				Mother's Birthplace " "			
Mother's Maiden Name Anderson				Name of person giving information Mary Glass	How related to deceased daughter		

CAUSES OF DEATH

120

Primary Meningo-
encephalitis

How long several days months

Immediate Organic Heart trouble

How long several years

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. S. G. E. Vogler

Address

Hamilton ave & Bayard Road
Baltimore Col d. Hamilton

Accident or Suicide?

Wendell Dibble
Holy Redeemer Cemetery

Name
in
Full

Naomi E. Swartzback

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Highlandtown County
Ballo.

Date of death 1960 Month Jan.

Day 14

Years —

Months 8

Days 21

Sex Female

Color or
Race

white

Birth-
place

Baltimore

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

John J. Swartzback

Father's
Birthplace

Ind.
Baltimore

Mother's
Maiden Name

Florance W. Musick

Mother's
Birthplace

Name of person giving
Information

John J. Swartzback

How related
to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

89

Immediate

Paroxysm of Heart

long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

1

Accident or Suicide

J. C. Schatzback
148, Fourth St.

12

H. Sandra & Son,
Bolthausen Cemetery,
Jan. 16th 1989.

Scaphisoma

Name
in
Full

Annie E. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1900	Month 1.	Day 20	Years 1	Months 2	Days
Sex Female	Color or Race White	Birth-place Md			
Occupation none	Where Residing if not at place of death #7 Breckin's lane				
Married, Single Widowed	Name of Wife or Husband	Father's Birthplace	Balto		
John W. Taylor	Mother's Birthplace	Md			
Daisy A. Stetser	How related to deceased	Father			
John W. Taylor					
Name of person giving Information					

Primary

CAUSES OF DEATH

Immediate

Septo Distress of Coal Oil

155

How long

Johns

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. S. Sloveria
1804 Dayton
City

PHYSICIAN
OR CORONER

Accident or Suicide

No

Baltor Cem

Jan 26th 1910

Wm Cook

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

I

Mirra Piess
Town County
Died at Brooks Hill Baltimore
Date Month Day Years Months Days
of death 1910 Jan 7 Age 53 — —
Sex Female Color or Birthplace Russia
Occupation Housework Where Residing if not at place of death
Married, Single Name — or Husband Gottlieb Piess
or Widowed Widowed Joseph Brotofski Father's Birthplace Russia
Father's Name Not Known Mother's Birthplace Not Known
Mother's Maiden Name John Piess How related to deceased Son
Name of person giving information

CERTIFICATE OF DEATH

MARYLAND

CAUSES OF DEATH

Primary

Lobar Pneumonia

93

How long

about 1 week

Immediate

Cardiac Exhaustion

2 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Gro. Hellm. M.D.
1937 Gough St

Accident or Suicide

12

Oak Lawn Cem.
Jan 9/10

H. Sander & Sons

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lisa Myatt Tiffany

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Baltimore Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	George Peabody Tiffany		
Father's Name	Charles Handfield Myatt				
Mother's Maiden Name	Liza K. Neeland				
Name of person giving information	Charles H. Myatt				

CAUSES OF DEATH

93

Primary Tobac Pneumonia

How long nine days

Immediate Pneumonitis

How long 3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

L. Gibbons Sweet

Address

Tuckerville

Accident or Suicide?

Henry W. Jenkins and Sons Co

Greenvale Tenn

Monday January 10th/00

Name
in
Full

Keyepich Tillman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND		
Diad at	Roslyn	Baltimore				
Date of death	1960	Month	1	Day	24	Years
Age	63	Months	4	Days	4	
Sex	Male	Color or Raca	Colored	Birth-place	Balt. City	
Occupation	Labover	Where Residing if not at place of death				
Marriad, Single or Widowed	Married	Martha Tillman				
Father's Name	Do not know					
Mothar's Maiden Name	Do not know					
Name of person giving Information	C. N. Smith					

CAUSES OF DEATH

Primary

Pneumonia

93

X

14 day

Immediate

Cardiac Asthma

How long

4

day

Are the name, age, sex, color, date and placca correctly given above?

yes

Signature of Physician

Wm S Buppert

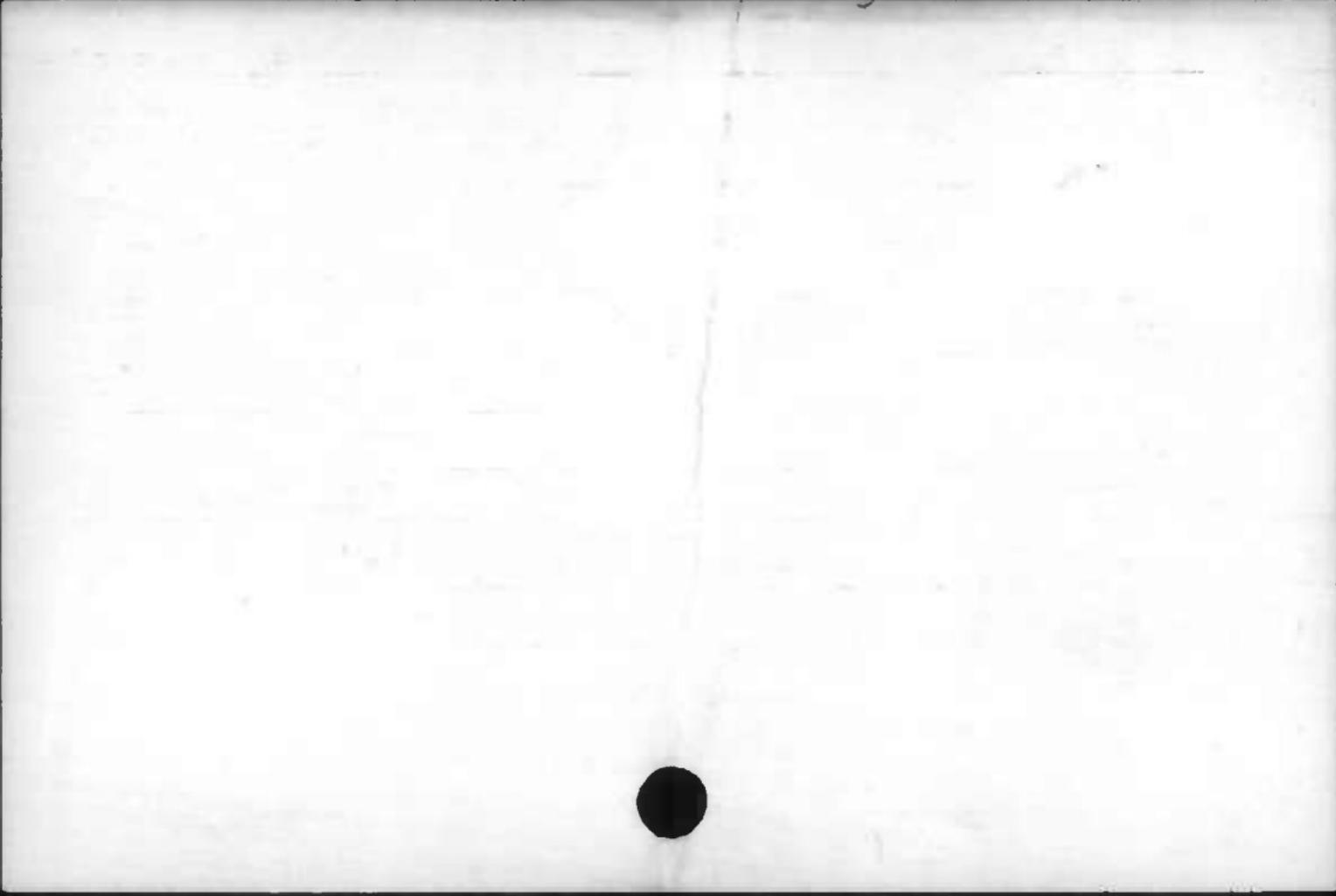
Address

Roslyn
Baltimore

3

Accident or Suicide

PHYSICIAN
CORONER



Name
in
Full

Elizabeth Tracy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1910	JAN	27	74
Sex	Color	Age	Months
Female	White	74	Days
Occupation	Where Residing if not at place of death		
Domestic	Texas Md		
Married, Single or Widowed	Name of Wife or Husband		
Married	Wm Tracy		
Father's Name	Father's Birthplace		
Richard. Gallion	Harford Co.		
Mother's Maiden Name	Mother's Birthplace		
Suey Middle Edith	Harford Co.		
Name of person giving Information	How related to deceased		
Joe Tracy	Daughter		

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 to 3 yrs.

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

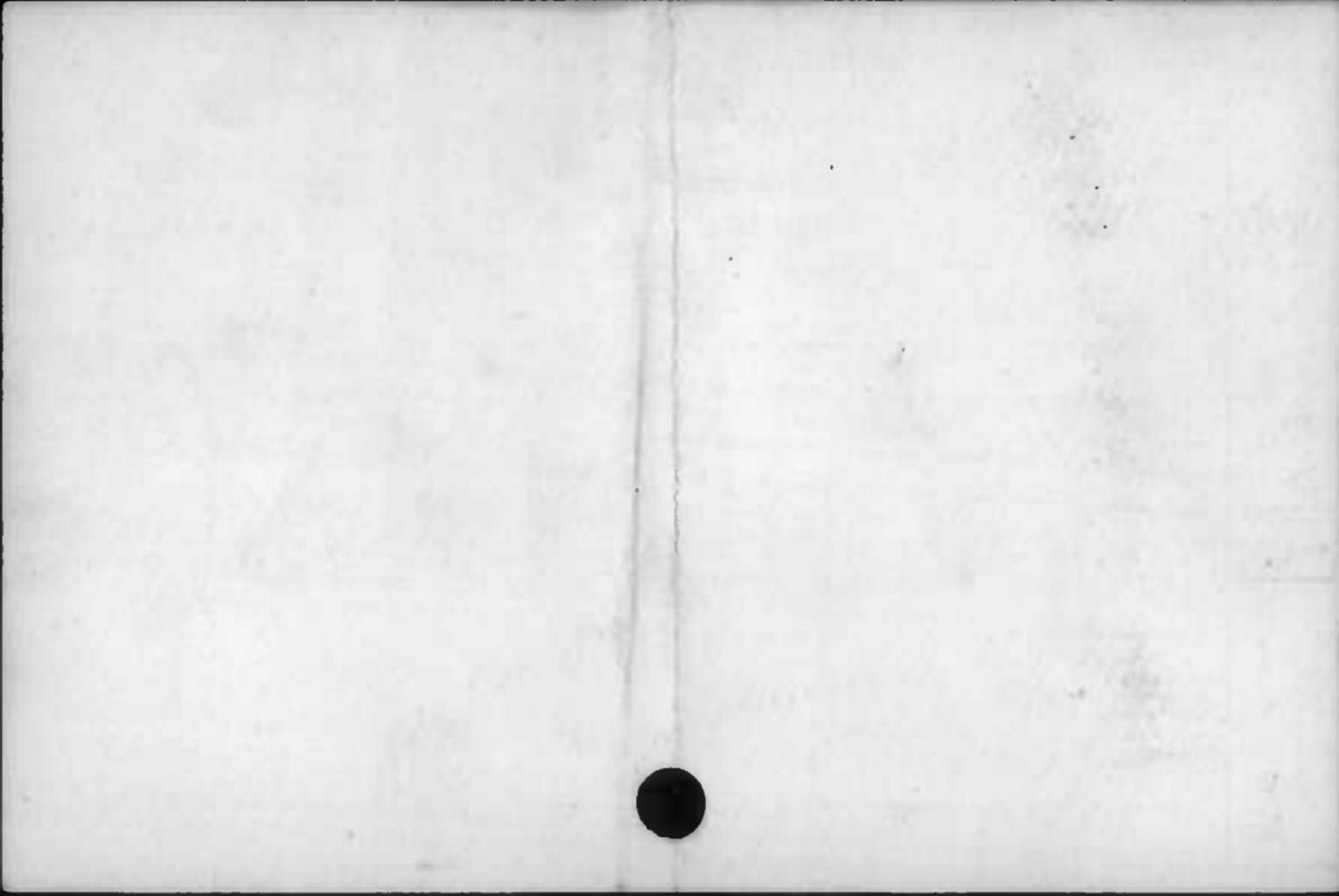
Signature of
Physician

Address

D. F. Bussey.
Texas Mif.



Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Enoch J. Treaty

Town

Rustertown

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1910

Month

Jan

Day

12

Years

80

Months

9

Days

-

Sex

Occupation

Male

Laborer

Color or
Race

Age

Colonel

Birth-
place

Kent Co. Md

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rebecca A. Treaty

Father's
Name

Stephen Treaty

Father's
Birthplace

Kent Co. Md

Mother's
Maiden Name

Villette Wallace

Mother's
Birthplace

Kent Co. Md

Name of person giving
Information

Rebecca A. Treaty

How related
to deceased

wife

CAUSES OF DEATH

Primary

General Dropsey, ^{Mild} insufficiency

79

How long

One Year

Immediate

Gardening Oedema

How long

10 days.

Are the name, age, sex, color, date
and place correctly given above?

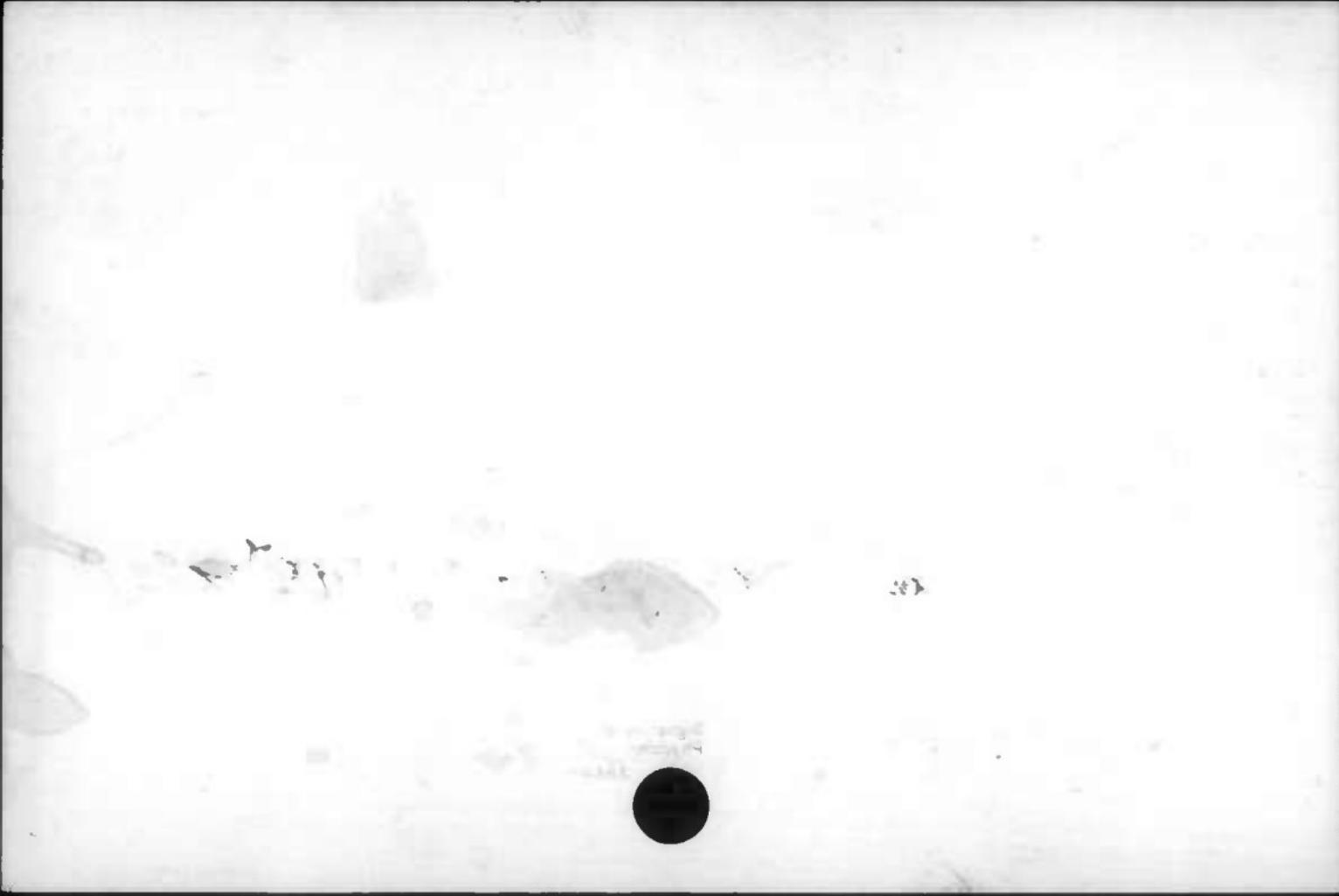
Yes

Signature of
Physician

Address

James Goss M.D.
Rustertown Md.

Accident or Suicide



Name
in
Full

Ellen Jane Turnbaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

P H Y S I C I A N
O R C O R O N E R

Died at		Town	County		MARYLAND	
Died at	Freeland	Baltimore				
Date of death	1960 Jan.	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age about 67		
Occupation	Homemaker	Where Residing If not at place of death			York Co. Pa	
Married, Single or Widowed	Married	Name of Wife or Husband	Richard Turnbaugh			
Father's Name	Arthur Shaw				Father's Birthplace	Pd
Mother's Maiden Name	Do not know				Mother's Birthplace	Do not know
Name of person giving information	Richard Turnbaugh				How related to deceased	Brother

CAUSES OF DEATH

120

X

How long

3 Month

How long

35 days -

Primary

Nephritis -

Immediate

Acute Bronchial Asthma -

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of Physician

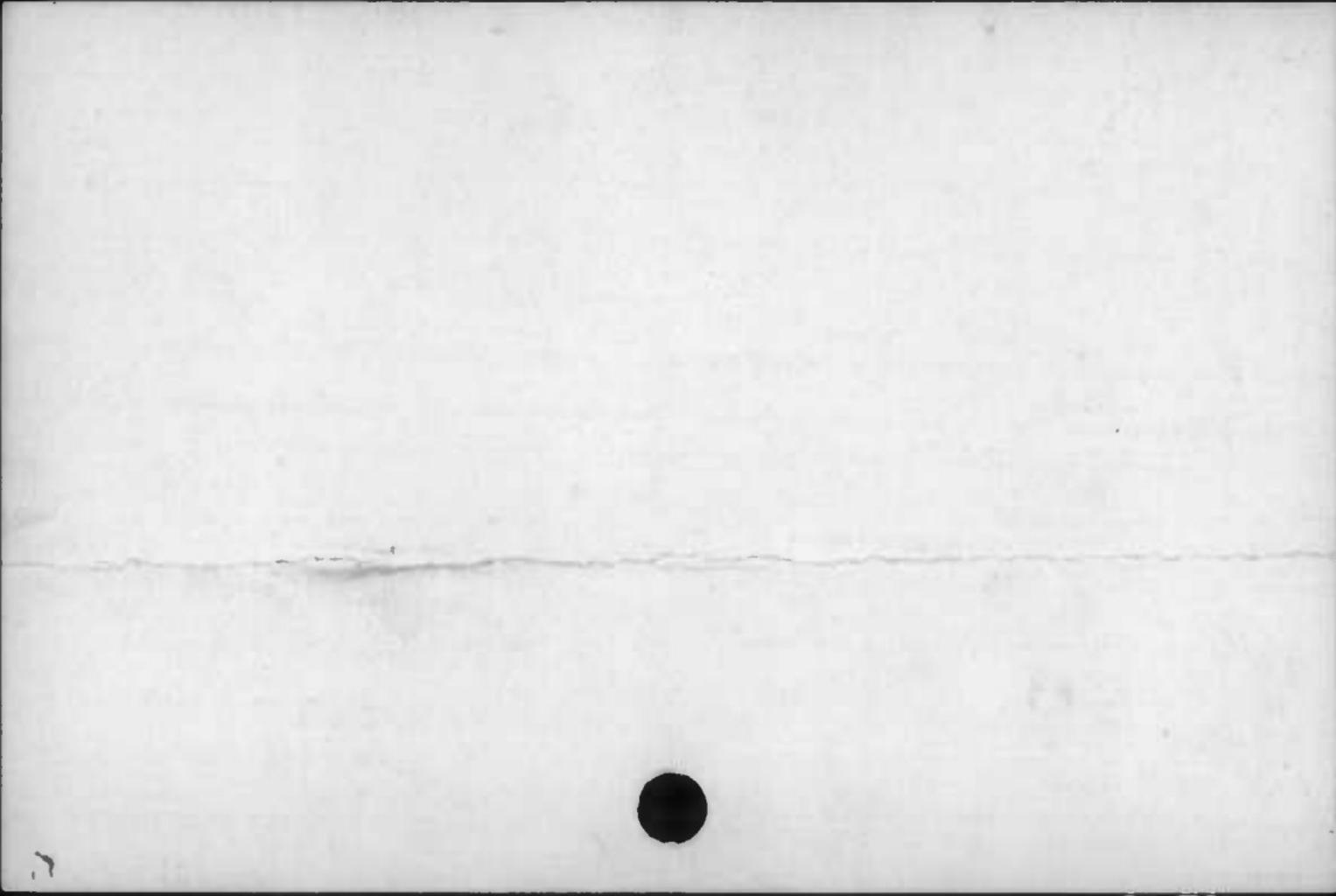
Address

Joseph T Baedwin

Freeland

Accident or Suicide?

Baltimore Co.



Name
in
Full

John Edward Turnbaugh

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

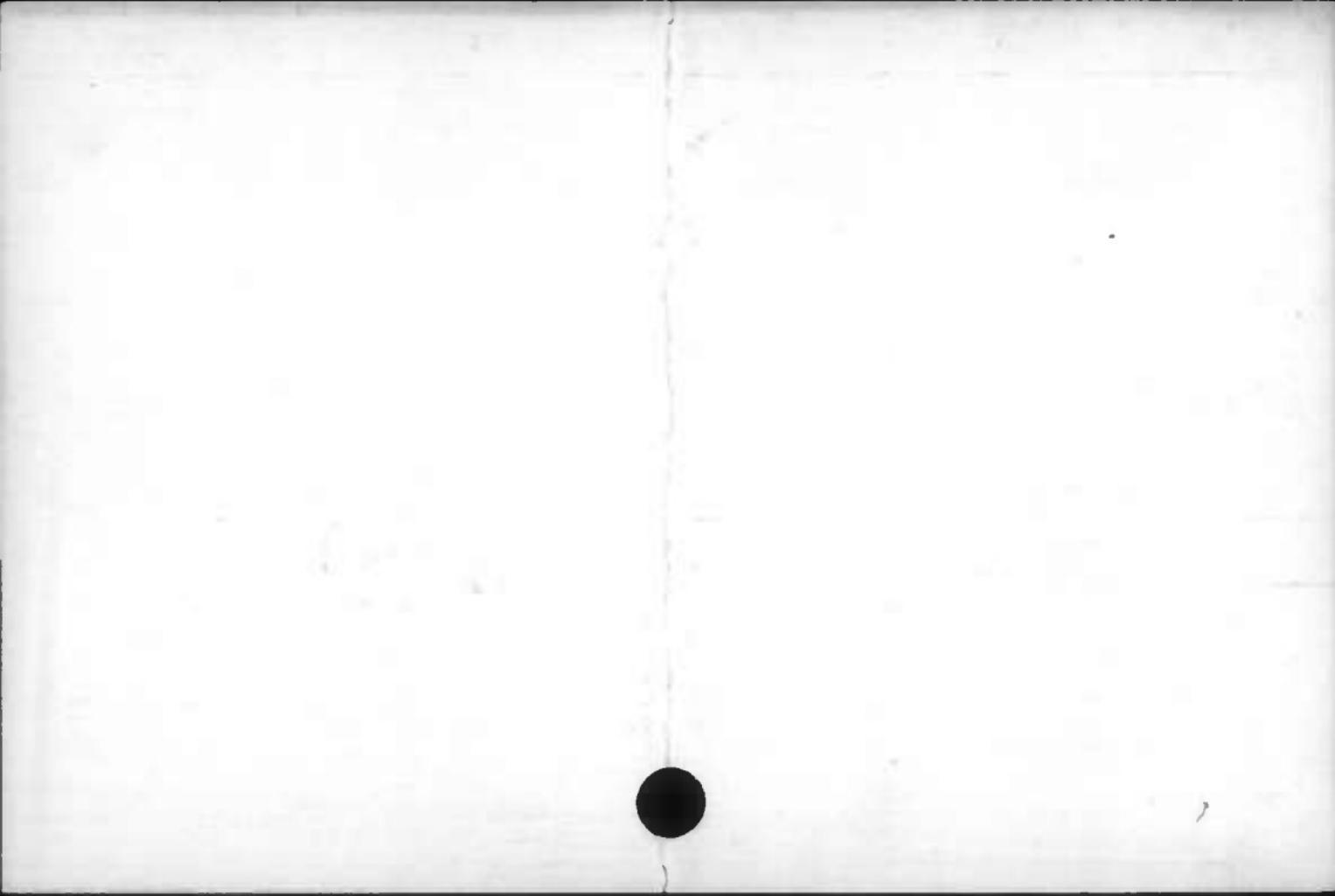
Town		County		MARYLAND	
Died at New Parkton		Baltimore			
Date of death	Month	Day	Years	Months	Days
1900	1	2	0	0	0
Sex Female	Color or Race	White			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		William H Turnbaugh his son and			
Mother's Maiden Name		Mary J. Shupper			
Name of person giving Information		Dr W. H. Turnbaugh			
CAUSES OF DEATH					
Primary		Still Born			
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr D. H. Rest	
yes		Address		Hampstead	
Accident or Suicide				Md 5	

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr D. H. Rest

Hampstead



Name
in
Full

Charles Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at St Mary's Industrial School Baltimore				County	MARYLAND	
Date of death 1960	Month Jan	Day 12	Age 15	Years	Months 4	Days 18
Sex Male	Color or Race White				Birth-place Baltimore Co	
Occupation School attendant	Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband T					
Father's Name Conrad Turner				Father's Birthplace Baltimore		
Mother's Maiden Name (deceased) Kate Tolson				Mother's Birthplace Baltimore		
Name of person giving information Ast Layton Md				How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary **acute indigestion**

Immediate **Heart Systole**

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ast Layton Md
432 Maryland

8

Accident or Suicide?

103

X
12 hours

How long
sudden.

Mt Carmel Cemetery

F. A. Krause & Bro

Name
in
Full

Mary Ulrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death 1940	Month Jan	Day 23	Years 66	Months 4 Days 27
Sex Female	Color or Race W	Birth-place Balt Md		
Occupation None	Where Residing if not at place of death			
Married, Single or Widowed Single	Name of Wife or Husband			
Father's Name William Ulrich	Father's Birthplace Germany			
Mother's Maiden Name Christine Schultz	Mother's Birthplace "			
Name of person giving information My wife Meakert	How related to deceased Sister			

CAUSES OF DEATH

Primary Cardiac asthma Unknown
Immediate Pulmonary congestion 14 hours
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician K. L. Barnes, M.D.
Address 1133 Valley St.



Accident or Suicide?

ket-pine
Country

Mrs A. Robell & Son
730 Penna Av.
interior Mt Olivet

Name
in
Full

Catherine Votrman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town Baltimore, Md. County Baltimore
Died at 3312 Hudson, Baltimore Month Jan Day 19 Years — Months — Days , week
Date of death 190 Age —
Sex female Color or Race white
Occupation none Where Residing if not at place of death
Married, Single or Widowed single Name of Wife or Husband none
Father's Name John Votrman Father's Birthplace Md
Mother's Maiden Name Friedricha Dell Mother's Birthplace Md
Name of person giving Information Friedricha Dell How related to deceased mother

Primary

CAUSES OF DEATH
Veterus Neonatorum

Immediate

Convalescence

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

A. M. Wright
Carroll & Sonne & Sons - Bolt Wk.

Accident or Suicide

12

J. C. Johnson
3415 E Ballou Dr
Sacred Heart cemetery
Jan. 20, 1910

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John M. Walstrum

CERTIFICATE OF DEATH

MARYLAND

Died at St. Agnes Hospital Baltimore

Town County
Month Day Years Months Days
of death 1900 Jan. 29 65

Sex Male Color or Birth-place White Maryland

Occupation Where Residing if not
Ice Business at place of death Violettsville, Md.

Married, Single Name of Wife or
or Widowed Married Husband

Mrs. Eliza Walstrum

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving Information Hospital Record

How related to deceased

CAUSES OF DEATH

64

Primary

Apoplexy

How long

5 days.

Immediate

Pneumonia

How long

3 days.

Are the name, age, sex, color, date,
and place correctly given above?

Yes

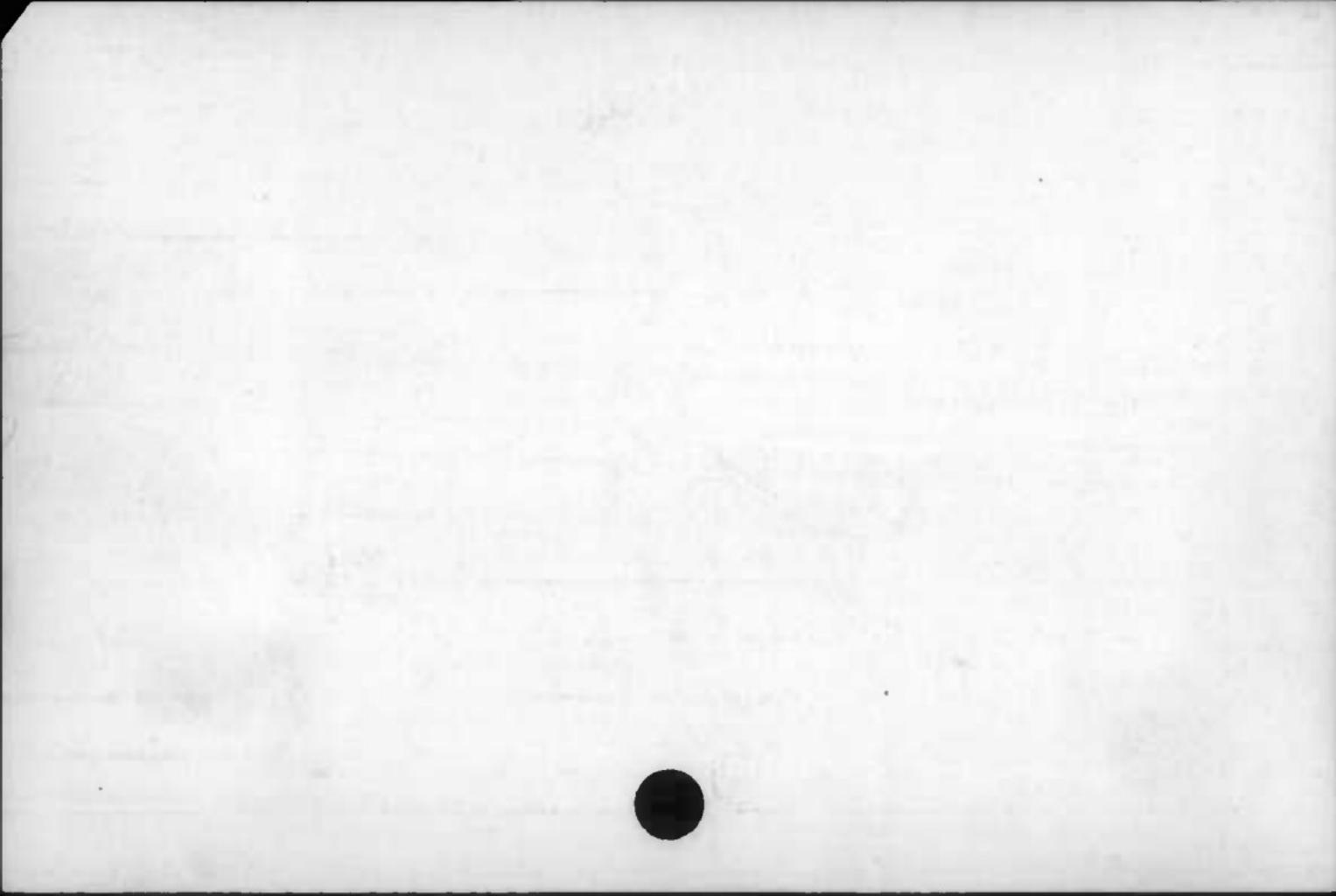
Signature of
Physician

Address

Allen Graham
St. Agnes Hospital

— Accident or Suicide?

No



Name
in
Full

Nancy Streett Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Gobans

County

Baltimore

MARYLAND

Date
of death

Month

Day

Years

Month

Days

Jan

4

Age 14

3

5

Sex Female

Color or
Race

white

Birth-
place

Anne Arundel Co., Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

abraham Streett Waters

Father's
Birthplace

Hanford Co., N.Y.

Mother's
Maiden Name

Elizabeth Green

Mother's
Birthplace

Hanford Co., N.Y.

Name of person giving
Information

Elizabeth S. Waters

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Chronic Paroxysmous nephritis,

120

How long

10 mos.

Immediate

Exhaustion & heart paralysis.

How long

3 da.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E. L. Whitney M.D.
1103 Linden Ave Baltimore



Accident or Suicide

Yes.

Place of burial, Forrest Hill, Harford Co., Md.

Undertakers, Henry W. Mears & Son.

Name
in
Full

Mary Marie Weitzel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Highland

County

Baltimore

MARYLAND

Date
of death

1910

Month

Jan.

Day

25

Years

1

Months

10

Days

10

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

Nurse

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Pilghman Weitzel

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah V. Pugh

Mother's
Birthplace

Maryland

Name of person giving
Information

Pilghman Weitzel

How related
to deceased

Father

CAUSES OF DEATH

104

Primary

Gastro-Enteritis + Bronchitis

How long

1 week.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Bess J. Hayden
1316, N. Carolina St. Baltimore

Address

Accident or Suicide?

Mt Carmel
Jan 27th 1910
H. Saunders Jr.

Name
in
Full

Philip Weller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Endwood Sanatorium Balt.

Date of death 1950 Month Jan Day 2 Years Age 39 Months — Days —

Sex Male Color or Race White

Birth-place unknown

Occupation Solicitor Where Residing if not at place of death

Mt Carmel

Married, Single or Widowed Married Name of Wife or Husband

Franice Weller

Father's Name unknown

Father's Birthplace unknown

Mother's Maiden Name unknown

Mother's Birthplace unknown

Name of person giving Information above

How related to deceased

27

✓

How long

2 mo.

How long

Primary

CAUSES OF DEATH

Pulmonary Tuberculosis
Respiratory Failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Josephus A. Wright
Endwood Sanatorium,
Towson Md.
Assistant Reg. Physician

PHYSICIAN
OR CORONER

Accident or Suicide

Mr. Carmel Ben.
H. Sandor Sons
Jan. 24/10

Name
in
Full

Miss. Sarah E. Welsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Own County
Washington Baltimore

MARYLAND

Date of death

Month

Day

Years

Months

Days

1910 Jan 10.

Age 71.

10

15

Sex

Color or
Race

white

Birth-
place

Parkland Md

Occupation

Retired School teacher

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Single

Father's
Name

John Welsh

Father's
Birthplace

Apeland

Mother's
Maiden Name

Susan Walter

Mother's
Birthplace

Levinson Cris

Name of person giving
Information

Mrs Gertrude Smith

How related
to deceased

Second Cousin

CAUSES OF DEATH

Primary

Diabetes

50

How long

About 8 yrs

Immediate

Heart Disease.

Rupture

How long

1 year

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

William F. Todd
Mt Washington
Md

I

Accident or Suicide

St Mary's Cemetery.

Hampden

Jos B. Cook

Undertaker

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Harriet Anne Williams

Town

County

Died at Crowdenville

Baltimore Co

MARYLAND

Date
of death 1910

Month

Day

Years

8"

Age

53

Months

Days

Sax

female

Color or
Race

Block

Birth-
place

Wayland

Occupation

domestic

Where Residing if not
at place of death

resided at place of death

Married, Single
or Widowed

widow

Name of Wife or
Huband

Christopher Williams

Father's
Birthplace

Wayland

Father's
Name

Charles Johnson

Mother's
Maiden Name

Praminta Chase

Mother's
Birthplace

Wayland

Name of person giving
Information

Charles A Williams

How related
to deceased

Son

CAUSES OF DEATH

Primary

Gripe Bronchitis

10

How long

14 days

Immediate

some

How long

14 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Arthur Williams
Elk Ridge Md.

(1)

Accident or Suicide

no

Geo. D. Cooper
Concordia

Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Samuel Williams				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death 1917	Month	Day	Years	Age	Months	Days	
Sex	Male	Color or Race	colored		Birth-place	Maryland	
Married, Single or Widowed	No	Occupation		Horseman			
Name of Wife or Husband							
Father's Name	Benjamin Williams			Father's Birthplace	Md		
Mother's Maiden Name	Ella Williams			Mother's Birthplace	Unknown		
Name of person giving Information	John Williams			How related to deceased	Brother		
CAUSES OF DEATH				10	X		
Primary				How long			
Immediate	Grippe Congestion of Lungs			How long	10 days		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Edwin E. Jones		
				Address	Arlington Md.		
Accident or Suicide?							

Castor Sons.

Name
in
Full

Roland R. Young.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Lansdowne - Town Baltimore - County
MARYLAND
Date of death 1910 Month January Day 26 Age 19 Years
Sex Male - Color or Race White - Birth-place Howard Co. Md.
Occupation none Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband Single

Father's Name

John R. Young.

Father's Birthplace

Hartford, Ct.

Mother's Maiden Name

Sarah J. Johnson.

Mother's Birthplace

Howard Co.

Name of person giving information

Sarah J. Young

How related to deceased

mother

27

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

7 months

Immediate

Exhaustion -

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

Frank H. Ruhle
Lansdowne, Balt., Md.

19 CORONER

Accident or Suicide?

17

William Cook,
Savage -
Howard Co.

Md;

Name
in
Full

Auktown Infant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Green Spring Valley	Baltimore				
Date of death 1980	Month 1	Day 20	Year	Months	Days
Sex Female	Color or Race	white	Birth-place	MARYLAND	
Occupation housewife	Where Residing if not at place of death			Unknown	
Married, Single or Widowed Single	Name of Wife or Husband	housewife	Father's Name	Unknown	
Mother's Maiden Name Unknown	Mother's Birthplace			Unknown	
Name of person giving Information J. H. May Jr.	How related to deceased			Housewife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Found buried, much

Immediate

decomposed - cause of death unknown.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Henry A. May Jr. H. A.
Pikesville Md.

1

Accident - Salient unknown -

189

How long

How long

7

3

